

**CITY OF SMYRNA  
PROPERTY TAX OFFICE  
P.O. BOX 1226  
SMYRNA GEORGIA 30081  
(678) 631-5318  
FAX NUMBER (770) 431-2814**

APPLICATION FOR HOMESTEAD EXEMPTION  
(RESIDENTS 62 YEARS OF AGE AND OLDER)

(Provided by Amendment of Article VII, Section I, Paragraph IV of the Constitution of Georgia 1945 and ratified March, 1989.)

I, \_\_\_\_\_, residing at  
(NAME)

\_\_\_\_\_  
(STREET AND NUMBER)

in the City of Smyrna, Georgia, hereby apply for a \$10,000.00 homestead exemption under the provisions of the Georgia Constitution. I declare that I am the owner of the property at the above location and occupy as my primary residence.

DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

I swear, under penalty of perjury, that the above statements are true.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Notary Public or Justice of the Peace)