**HOMESTEAD EXEMPTION APPLICATION**

**COMPLETE ALL SECTIONS AND SIGN BELOW**

1. Person claiming the exemption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Attach current assessment)

2. Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Property/Fiscal or Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Were you the owner & occupant of this property on October 1, 20\_\_\_\_\_\_ ? YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

**PLEASE CHOOSE TYPE OF EXEMPTION REQUESTED**

**I. REGULAR HOMESTEAD** (Owner occupied) YES \_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_

**II. AGE EXEMPTIONS:**

 1. Age 65 or older YES \_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (attach a copy of driver’s license, birth certificate, etc.)

 2. Did you file a FEDERAL INCOME TAX RETURN FOR 20\_\_\_\_\_\_? **YES \_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_**

If you answered YES, was your NET taxable income $12,000 or less (taxpayer and spouse) as reported on your 20\_\_\_\_\_\_ **Federal Tax** return? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ (If yes, U.S. Federal Income Tax return must be verified by line 43, line 27 or line 6. If no, verification is not needed.)

 3. Did you file a STATE OF ALABAMA TAX RETURN FOR 20\_\_\_\_\_\_? **YES \_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_**

If you answered YES, was your adjusted gross income $12,000 or less as reported on your 20\_\_\_\_\_\_ **State** Income Tax return? YES \_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_ (If yes, State Income Tax return must be verified by line 7 or line 10. If no, verification is not needed.)

 4. If exempt from Federal & State Income Tax reporting signed affidavit must be attached.

**III. DISABILITY EXEMPTIONS:**

 Are you permanent and totally disabled? YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, one of the following qualifying documents must be attached.

 \_\_\_\_\_\_ 1. Social Security Administration determination letter.

 \_\_\_\_\_\_ 2. Department of Veterans Affairs determination.

 \_\_\_\_\_\_ 3. State of Alabama Retirement document

 \_\_\_\_\_\_ 4. Department of Revenue certification

 \_\_\_\_\_\_ 5. Physician’s affidavit and letter (2 physicians)

 \_\_\_\_\_\_ 6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. BLIND EXEMPTION:**

5. Are you blind as defined by the *Code of Alabama*, Section 1-1-3 (visual acuity of 20/200 or less)? YES \_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_

 (Attach supporting documentation)

**I HEREBY AFFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AFFIRM NO OTHER HOMESTEAD EXEMPTION IS CLAIMED FOR PROPERTY I MAY OWN IN ANOTHER COUNTY OR STATE.**

**APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**