

# HOMESTEAD EXEMPTION APPLICATION

## COMPLETE ALL SECTIONS AND SIGN BELOW

**\*\* DOES ANY PERSON APPLYING FOR THIS HOMESTEAD CURRENTLY HAVE HOMESTEAD AT ANOTHER RESIDENCE? Yes \_\_\_ No \_\_\_**

- I. Person (or people) claiming homestead: \_\_\_\_\_
- II. KEY NUMBER: \_\_\_\_\_
- III. Property Address: \_\_\_\_\_
- IV. Date house was occupied as homestead? \_\_\_\_\_
- V. Is this residence a manufactured home? Yes \_\_\_ No \_\_\_

## PLEASE COMPLETE #1-5 BELOW TO DETERMINE WHICH HOMESTEAD YOU ARE ELIGIBLE FOR

1. Regular Homestead Yes \_\_\_ No \_\_\_

### AGE EXEMPTION

2. Are you 65 or older? Yes \_\_\_ No \_\_\_

a. Date of Birth: \_\_\_\_\_  
(Attach supporting documentation: copy of driver's license or non-driver id)

3. If you answered YES to #2, is your income\*, Federal Taxable Income or State Adjustable Gross Income \$12,000 or less?  
\*Household Income, for the taxpayer and spouse, if applicable, as shown on the Federal/State Tax Return(s). Yes \_\_\_ No \_\_\_

- a. If you answered YES to #3, attach copy of the most recent Federal/State Income Tax Return.  
b. If you did not file a Federal/State Income Tax Return, equivalent income documentation must be provided.

### DISABILITY EXEMPTIONS

4. Are you retired because of PERMANENT AND TOTAL Disability? Yes \_\_\_ No \_\_\_

a. If you answered YES to #4, which of the qualifying documentation have you provided?

- |  |                |
|--|----------------|
| 1. Two (2) separate physician's letters attached?                | Yes ___ No ___ |
| 2. Social Security Administration Disability documents attached? | Yes ___ No ___ |
| 3. Department of Veterans Affairs documents attached?            | Yes ___ No ___ |
| 4. State of Alabama Retirement documents attached?               | Yes ___ No ___ |
| 5. Department of Revenue Certification attached?                 | Yes ___ No ___ |
| 6. Private Company Disability Annuity documents attached?        | Yes ___ No ___ |

### BLIND EXEMPTION

5. ARE YOU BLIND, AS DEFINED BY the Code of Alabama, Section 1-1-3 (vision acuity of 20/200 or less)? Yes \_\_\_ No \_\_\_  
(Attach supporting documentation.)

**I HEREBY AFFIRM THAT THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

HOMEOWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**\*\* (ANY OTHER HOMESTEAD MUST BE CANCELLED BEFORE THIS APPLICATION CAN BE PROCESSED.)**