

KIM HASTIE
REVENUE COMMISSIONER
MOBILE COUNTY



Affidavit for Homestead Exemption

Parcel Number: 0 2 - - - - - Key#

Owner Name(s):

Property Address: (Street Address)

(City)

(State)

(Zip Code)

Mailing Address: Same as above? ☐ YES ☐ NO If no, please complete the section below:

(Street Address)

(City)

(State)

(Zip Code)

Date of 1st Occupancy: (Month/Day/Year)

Phone Number: Phone Number :

Email Address:

I hereby claim the homestead exemptions provided by Section 40-9-19 (a)(1), (b), and (c) of the *Code of Alabama 1975*. I affirm that I, as owner, began occupying the property described above as my primary residence on the date of first occupancy as specified above. I also attest that I have no active homestead exemptions for any other property in this or any other county or state. Further, I understand that knowingly and willfully giving false information for the purpose of claiming a homestead exemption or for the purpose of assisting another person to claim a homestead exemption is punishable by penalty of twice the amount of any ad valorem tax which would have been due, retroactive for up to 10 years plus interest at a rate of 15 percent per year from the date the tax would have been due.

Homeowner Signature:

Printed Name: Date:

—CLERK SIGNATURE AS WITNESS OR NOTARY REQUIRED—

Sworn and subscribed before me on this day of 20 Seal:

Signature Notary Public:

Commission Expires: (Month/Day/Year)

Clerk Signature: Date:



Exemption Qualification Questionnaire

Owner Name(s): _____ Key# _____

- I. **Is this a new purchase?** ☐ YES ☐ NO **If yes, please answer below:**
- a. Are you related to the seller? ☐ YES ☐ NO **If yes, please answer below:**
- b. How are you related to the seller? _____
- II. **Does any person applying for this homestead exemption currently have homestead at another residence?** ☐ YES ☐ NO *If yes, please list previous address:*
- _____
- (Any other homestead must be canceled before this application can be processed.)
- III. **Is this residence a manufactured home (trailer)?** ☐ YES ☐ NO
- IV. **Are you 65 or older?** ☐ YES ☐ NO **Date of Birth:** _____
- If yes, please answer below:**
- a. Are you still required to file a Federal Income Tax Return? ☐ YES ☐ NO
- If you are required to file a Federal Income Tax Return, is your combined Taxable Income (taxpayer and spouse) \$12,000 or less? ☐ YES ☐ NO
- b. Are you still required to file a State Income Tax Return? ☐ YES ☐ NO
- If you are required to file a State Income Tax Return, is your Adjusted Gross Income \$12,000 or less? ☐ YES ☐ NO
- V. **Are you retired because of PERMANENT and TOTAL Disability?** ☐ YES ☐ NO
- If yes, please attach one of the following qualifying documentation options below:**
- a. Two (2) separate Physician's Affidavits
- b. Social Security Administration Disability documentation and one Physician's Affidavit
- c. Department of Veterans Affairs (must be considered totally and permanently disabled)
- d. State of Alabama Retirement documents
- e. Department of Revenue Certification
- f. Private company Disability Annuity documents
- VI. **Are you blind, as defined by the *Code of Alabama 1975, Section 1-1-3* (vision acuity of 20/200 or less with correcting glasses)?**
- ☐ YES ☐ NO (If yes, attach supporting documents.)

Homeowner Signature: _____ Date: _____

Clerk Initials: _____ Date: _____