



# APPLICATION FOR COBB COUNTY HOMESTEAD EXEMPTIONS

Instructions for completing application appear on next page (COMPLETE ALL FIELDS in blue or black ink)

## SELECT ALL EXEMPTION(S) FOR WHICH YOU ARE APPLYING

- |   |   |
|---|---|
| <input type="checkbox"/> Cobb County Basic Homestead Exemption<br><input type="checkbox"/> State Senior Age 65 \$4000 Exemption (\$10,000 income limit)<br><input type="checkbox"/> State Veteran's 100% Service Connected or Surviving Spouse Disability<br><input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse | <input type="checkbox"/> Cobb County School Tax (Age 62) Exemption<br><input type="checkbox"/> Cobb County \$22,000 Disability (\$12,000 Income limit)<br><input type="checkbox"/> State Surviving Spouse of a Peace Officer or Firefighter Killed in the Line of Duty<br><input type="checkbox"/> Firefighter <input type="checkbox"/> Peace Officer |
|---|---|

### RESIDENCE INFORMATION

<b>1. Property address:</b>	<b>2. Date applicant(s) began to occupy property.</b>	<b>3. Is property your primary residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Mailing address if different than property address:</b>	<b>5. Does applicant/spouse own lot(s) adjoining the current residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate parcel number(s)	<b>6. How many houses on property?</b>
<b>7. Previous address:</b>	<b>8. Is previous residence: <u>Select one</u></b> <input type="checkbox"/> Sold <input type="checkbox"/> Still owned <input type="checkbox"/> Apartment/rental <input type="checkbox"/> Other/explain:	<b>9. Date moved from previous residence:</b>

### ADDITIONAL PROPERTIES

<b>10. Address of other property owned by applicant/spouse:</b>	<b>11. Does applicant/spouse claim residency or exemption on any other property in any county or state?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>12. Letter from a tax office is required if applicant/spouse owns property not in Cobb County:</b> (Attach letter)
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### APPLICANT INFORMATION

### APPLICANT 1

### APPLICANT 2

<b>13. Applicant Name</b>		
<b>14. Date of Birth</b>		
<b>15. Phone Number</b>		
<b>16. Email</b>		
<b>17. County and State of Voter Registration</b>		
<b>18. Attach copy of vehicle registration(s)</b> <i>List State and auto tag number(s)</i>		
<b>19. Attach copy of Georgia Driver License or ID Number</b> <i>List number for each applicant</i>		
<b>20. Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>21. Spouses name (if married)</b>		
<b>22. Active Military?</b> <i>If yes, list your legal state of residence and provide a copy of your LES.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No   Residence State _____ <i>Do you claim an exemption on vehicles?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No   Residence State _____ <i>Do you claim an exemption on vehicles?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>23. U.S. Citizen?</b> <i>If no, list A# or I94# and attach a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No   A# or I94# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No   A# or I94# _____
<b>24. Social Security Number</b> <i>Only for Veterans Disability 100% Service Connected Disability</i>	Social Security Number _____ Effective Date _____	Social Security Number _____ Effective Date _____

I, the undersigned, do solemnly swear that the above statements are true and correct. I am a qualified applicant according to O.C.G.A. 48-5-40 and the bona fide owner of the above described property. I actually occupied said property on January 1 of the year for which this exemption is claimed. I understand that making false or fraudulent statements is a misdemeanor and subject to penalties and fines per O.C.G.A 48-5-51.

sign here  _____ Date _____ Applicant 1's signature (Electronic signature not accepted)	sign here  _____ Date _____ Applicant 2's signature (Electronic signature not accepted)
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<b>OFFICE USE ONLY:</b> EXEMPTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> UPDATE <input type="checkbox"/> DENIED   TAX REP _____ DATE _____ R/18
PARID# _____ HS CASE# _____ EX CODE# _____ YEAR BEG _____ TAX YEAR _____
SUPERVISOR/MANAGER APPROVAL _____ (VETERAN DISABILITY/COBB DISABILITY/SS)

## Instructions for Completing Your Application

Select Type of Exemption(s) – select all exemption(s) for which you are applying

Residence Information:

1. **Property address** – property address where applicant(s) is applying for exemption(s)
2. **Date moved** – date moved to this property as primary residence
3. **Primary/legal residence** – do applicant(s) live at this property
4. **Mailing Address** – mailing address if different than property address
5. **Adjoining lot property** – any lots (properties) adjoining the primary residence. List parcel number(s)
6. **Number of houses on property** – total number of houses owned on this property
7. **Previous address** – address where applicant(s) lived prior to moving to this property/home (enter SAME if adding an exemption to an existing Homestead)
8. **Previous residence** – Do applicant(s) rent, sell or still own the property listed as the previous address?
9. **Date moved** – date moved from their previous address

Additional Properties:

10. **Address(es) of additional property owned by you or your spouse in or out of Georgia** – list address(es), include a separate piece of paper if needed.
11. **Does applicant/spouse claim residency or exemptions on any other property in any county or state?** – does applicant or spouse claim residency or have an exemption on the previous address or at another property they own.
12. **Exemption removal letter** – if applicant(s) had exemptions at their previous address or on another property a letter from the Tax office must be submitted stating the exemption has been removed (not required if previous address is a Cobb address).

Proof of Residence for applicant(s) is required to determine the owner's eligibility for exemptions applied for. Write each applicant(s) name and complete the following:

Applicant Information

13. **Applicant Name** – as shown on the recorded deed
14. **Date of Birth** – birth date(s)
15. **Phone Number** – daytime phone number(s)
16. **Email** – email address(es)
17. **County/State of Voter Registration** – where applicant is currently registered to vote
18. **Attach copy of Vehicle Registration – List State and auto tag numbers** – state and license plate number(s) on all vehicles owned (attach a copy of the current registration reflecting the property address as proof of residency)
19. **Attach copy of Georgia Driver License or ID number** – List state and driver license number/ID number (attach a photo copy)
20. **Marital Status** – select appropriate status
21. **Spouses Name** - indicate spouses name if married even if they are not a listed owner on this property
22. **Active military and legal state of residence** – if yes, list legal state of residence and where tags are exempted
23. **U.S. Citizen** – if not a Citizen, **A#** or **I94#** required (attach copy)
24. **Social Security Number** – only required for Veteran's Disability Exemptions can be applied on only one homesteaded property, which means the applicant(s) must own, occupy, and claim the property as their legal residence on January 1 of the year for which application is made. A married couple is allowed Homestead exemption on only one residence.

## Instructions for Filing Your Application

Mail applications with all required documentation to:  
(faxed or emailed copy not accepted)

COBB COUNTY TAX COMMISSIONER  
PO BOX 100127  
MARIETTA, GA 30061

Drop off at Main: 736 Whitlock Ave Marietta GA 30061 or  
South Govt Center            East Govt Center  
4700 Austell Rd                4400 Lower Roswell Rd  
Austell, GA 30106              Marietta, GA 30068

**When filing by mail or in person, provide a copy of the following items along with the application:**

- **Georgia Driver License or Georgia ID**
- **Georgia Vehicle Registration** *vehicles required to be registered at primary residence (provide registration for All vehicles owned by you and/or spouse)*
- **Leave & Earnings Statement**  
*(For non Georgia resident military personnel only)*
- **Completed Trust Affidavit**  
*(If property is held in a trust)*
- **Visa or Permanent Residence Card**
- **Homestead Exemption removal letter**  
*(If a previous resident in another county/state had a Homestead Exemption)*
- **Final Divorce Decree or spouse's death certificate**  
*(Required if applicant(s) has joint ownership)*

Additional documentation is needed for the following:

### **Veteran's Disability Eligibility**

- **Letter from Veteran's Administration** indicating the effective date of the veteran's 100% service connected disability.
- **Letter from Secretary of Defense** evidencing the un-remarried surviving spouse receiving spousal benefits as a result of the death of their spouse.

### **State Senior 65 \$4,000 (Income \$10,000 limit) & Cobb County Disability Eligibility \$22,000 (Income \$12,000 limit)**

- **A copy of your Federal and Georgia Income Tax Returns** from the immediately preceding taxable year as proof of income. If you and/or your spouse do not file a Federal Tax Return, contact our office at 770-528-8600 for acceptable income verification documents.
- **Proof of disability letter from a Georgia physician** must state you are "mentally or physically incapacitated to the extent that you are unable to be gainfully employed and that such incapacity is likely to be permanent".

### **Surviving Spouse of a Firefighter/Peace Officer Killed in the Line of Duty**

- **A copy of a death certificate and documentation** from the municipality evidencing the Firefighter or Peace Officer was killed in the line of duty.

Additional Information:

- Applications must be received or U.S. postmarked by April 1<sup>st</sup> for processing in that tax year. Metered or kiosk postmark is not accepted as proof of timely mailing. If received after filing deadline, application will be processed for the following year.
- An Exemption Receipt will be mailed or emailed.