

**City Of Peachtree City
APPLICATION FOR SENIOR HOMESTEAD EXEMPTION**

NAME: _____

ADDRESS: _____ DOB: _____

CITY: Peachtree City STATE: GA ZIP: 30269

The homestead of each resident of Peachtree City who is sixty-five (65) years of age or older on January 1 of the year in which application for the exemption is made and who, along with any spouse living in the same household, has a federal adjusted gross income of less than \$30,000 during the preceding calendar year shall be exempt from \$5,000 of assessed value of said homestead for municipal tax purposes.

Federal Adjusted Gross Income Of Applicant: \$ _____

Federal Adjusted Gross Income Of Spouse (if filing \$ _____

separately):

I, the undersigned claimant, do solemnly swear that the above statements made in support of this application are true and correct, that any documents presented to prove eligibility are authentic, that I am the bona fide owner of the property for which this tax exemption is claimed, that on January 1 of the year for which this tax exemption is claimed, I was 65 years of age or older, and my federal adjusted gross income together with the income of any spouse who resides in the homestead, is less than \$30,000. I also acknowledge that I must reapply each year for this exemption and must notify the City if I become ineligible for this exemption.

This _____ day of _____, _____

Homestead Claimant

City Staff (signature indicates verification of age of applicant and review of tax documents)