

## 2024 Application for Special Exemption – City of East Point

Parcel: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Claimant's S.S # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's S.S #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Claimant	Spouse
A. Social Security	_____	_____
VA Disability		
Railroad Retirement		
B. Pension/Retirement/Disability	_____	
C. All other income	_____	_____
 Total of A&B	 _____	
(Maximum amount)	<u>    \$ 91,728.00    </u>	
1. A & B – Maximum =	_____	
(If less than zero (0) enter zero (0) on above line)		
2. Total of Line C	_____	
<b>Total of line 1 &amp; 2</b>	_____	

I hereby make application for the exemption to which I am entitled for the year according to the information submitted above. I affirm that the statements shown above are true and correct, that I am a bona fide owner and occupant of this property as of January 1<sup>st</sup> of this year.

Signed \_\_\_\_\_

Homestead claimant or representative

Sworn to and subscribed before me,

this the \_\_\_\_ day of \_\_\_\_\_ 2024

\_\_\_\_\_

Staff Signature

CITY OF EAST POINT  
HOMESTEAD APPLICATION

PARCEL ID# \_\_\_\_\_

YEAR: 2024

PROPERTY DESCRIPTION:

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HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Social Security# \_\_\_\_\_ Spouse Social Security# \_\_\_\_\_

Legal state of residence \_\_\_\_\_ Are you claiming homestead on any other property? \_\_\_

Vehicle registered in \_\_\_\_\_ County. Tag #(s) \_\_\_\_\_ DOB \_\_\_\_\_

Fraudulent claims of exemption: O.C.G.A. §48-5-51 states that if any person makes any false or fraudulent claim for exemption under the provisions of sections 48-5-44 to 48-5-50, exempting the homestead for taxation, or makes any false statement or false representation of a material fact of such claim; or any person who knowingly assists another in the preparation of any such false or fraudulent claim, or enters into any collusion with another by the execution of a fictitious deed, deed of trust, mortgage, or otherwise shall be guilty of a misdemeanor. In addition, property shall be taxed in an amount double the tax otherwise to be paid.

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In accordance with the provisions of the state constitution and laws of this state authorizing homestead exemption, I hereby make application for tax exemption on the above property. I, the undersigned, do solemnly swear that the statements made in support of this application are true and correct, that I am the bona fide owner of the property described in this application; that I truly occupied same on January 1 of this year as a legal resident of Fulton County, and the City of East Point and the real property above was owned and occupied by me as a permanent residence and homestead. I further swear that this is not a false or fraudulent claim contrary to the laws providing for same and neither I nor my spouse claim any other homestead.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Signature \_\_\_\_\_

Exemption Code \_\_\_\_\_

HOMESTEAD FILING DEADLINE: April 1, 2024  
The following documents are required with application  
Copy of Warranty Deed  
Copy of Motor Vehicle Registration  
Photo Identification  
Email to: [propertytaxes@eastpointcity.org](mailto:propertytaxes@eastpointcity.org)



CITY OF EAST POINT TAX OFFICE  
2757 East Point Street  
East Point, Georgia 30344

CLAIMANT NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARCEL ID#: \_\_\_\_\_

This is to certify that in my opinion \_\_\_\_\_

Is mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is likely to be permanent.

I further certify that I am licensed to practice medicine under Chapter 34 of Title 43 of the O.C.G.A., relative to medical practitioners, as now or hereafter amended.

I understand that a representative from the City of East Point Tax Office may contact my office to verify this information.

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Print Doctor's Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Phone Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

