CITY OF EAST POINT HOMESTEAD APPLICATION ONLINE INSTRUCTIONS

NOTE:

There are 3 different applications under the Homestead Exemption Application on the website. <u>You will likely need to complete only one</u> depending on the type of Homestead Exemption for which you are eligible. All required documents must be provided by everyone whose name is on the deed of the property and the address on the Driver's License must match the property address.

- 1. BASIC HOMESTEAD EXEMPTION (H01) (No age requirement)
 - Complete the application titled "2025 Application for Basic Homestead Exemption Form."
 - Provide the following documents:
 - a. Copy of Driver's License
 - b. Copy of Warranty Deed
 - c. Copy of Motor Vehicle Registration

2. SENIOR EXEMPTION (H04) (Must have reached 70 years of age before January 1st.)

- Complete only the application titled "2025 Application for Special Exemption
- Provide the following documents:
 - a. Copy of Driver's License
 - b. Last year's Income Statement such as Tax Returns, Social Security Award Letter etc.

3. DISABLED VETERAN – H05 (No age requirement)

- Complete only the application titled "2025 Application for Special Exemption
- Provide the following documents:
 - a. Copy of Driver's License
 - b. Last year's Income Statement such as Tax Returns, Social Security Award Letter etc.
 - c. 100% Letter from V.A.

4. DISABLED PERSON _ H06 (No age requirement)

- Complete the "2025 Application for Special Exemption
- Your doctor should complete the application on the website titled "DOCTOR'S CERTIFICATION OF DISABILITY" and send it via any of the following means:
 - a. Email: PropertyTaxes@EastPointCity.org
 - b. Mail to:

City of East Point Property Tax Division 2757 East Point St. East Point, GA 30344

Please send the completed application and required documents via email to <u>PropertyTaxes@EastPointCity.org</u> no later than April 1, 2025.

Seniors, Disabled and Veteran Disabled Form

2025 Application for Special Exemption - City of East Point

Parcel:Hor	me / Mobile Number:	
Name:		
Address:		
Claimant's S.S #	Date of Birth:	
Spouse's S.S #:	Date of Birth:	
Email Address:		
	Claimant Gross Income	Spouse Gross Income
A. Social Security		
VA Disability		
Railroad Retirement		
B. Pension/Retirement/Disability		
C. All other income		
Total of A&B		
(Maximum amount) \$91, 7	728.00	
I. A&B-Maximum=		
(If less than zero (0) enter zero (0) or	n above line	
2. Total of Line C		
Total of line 1 & 2		

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 of this year.

Signed	Staff Signature:	
Homestead claimant or representative	Received day of2025	

Approval: Signature

CITY OF EAST POINT

2025 Application for Basic Homestead Exemption Form

PARCEL ID:		
EMAIL ADDRES	S:	
PROPERTY ADDI	RESS:	
Home /Mobile Pho	one Work Phone	
Social Security#	Spouse Social Security#	
Legal state of res	idenceAre you claiming homestead on any other property_	
Vehicle registered	inCounty. Tag #(s)DOB	
Fraudulent claims of exemption: O.C.G.A. §48-5-51 states that if any pers6ti 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.		
hereby make application statements made in suppo in this application; that I East Point and the real p	provisions of the state constitution and laws of this state authorizing homestead exemption, I for tax exemption on the above property. I, the undersigned, do solemnly swear that the ort of this application are true and correct, that I am the bona fide owner of the property described truly occupied same on January I of this year as a legal resident of Fulton County, and the City of property above was owned and occupied by me as a permanent residence and homestead. I further alse or fraudulent claim contrary to the laws providing for same and neither I nor my spouse claim	
Signature:	Date:	
	Date Received	
Exemption Code		
Approved By	Date	
	HOMESTEAD FILING DEADLINE: April 1, 2025 The following documents are required with application Copy of Warranty Deed Copy of Motor Vehicle Registration Photo Identification	
	Email to: propertytaxes@eastpointcity.org	



DOCTOR'S CERTIFICATION OF DISABILITY For Use with Disabled Person Only

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 _____ 2025

Notary Public