



## Homestead Applications – Index

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## **CITY OF EAST POINT 2026 HOMESTEAD EXEMPTION APPLICATION INSTRUCTIONS**

The City of East Point offers **four (4) types of Homestead Exemptions**. You will need to complete **only one application**, depending on the exemption for which you qualify.

All applications and required documents must be submitted **no later than April 1, 2026**.

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### **1. BASIC HOMESTEAD EXEMPTION (H01)**

#### **Eligibility:**

- No age or income requirement
- You must own and occupy the property as your **legal primary residence** as of **January 1, 2026**

#### **How to Apply:**

- Complete the **“2026 Application for Basic Homestead Exemption”**

#### **Required Documents:**

- Copy of Driver’s License (must reflect the property address)
- Copy of Warranty Deed
- Copy of Motor Vehicle Registration (must reflect the property address)

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### **2. SENIOR HOMESTEAD EXEMPTION (H04)**

#### **Eligibility:**

- Must be **70 years of age or older** on or before **January 1, 2026**
- Must own and occupy the property as your primary residence
- Subject to income qualifications

#### **How to Apply:**

- Complete the **“2026 Application for Special Exemption”**

#### **Required Documents:**

- Copy of Driver’s License
- Income verification for the previous tax year (such as Federal Tax Return, Social Security Award Letter, or other income documentation)

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### **3. DISABLED VETERAN HOMESTEAD EXEMPTION (H05)**

#### **Eligibility:**

- No age requirement
- Must be a disabled veteran with a **100% disability determination from the U.S. Department of Veterans Affairs**

#### **How to Apply:**

- Complete the **“2026 Application for Special Exemption”**

**Required Documents:**

- Copy of Driver's License
- Income verification for the previous tax year (such as Federal Tax Return, Social Security Award Letter, etc.)
- **100% Disability Rating Letter** from the VA

**4. DISABLED PERSON HOMESTEAD EXEMPTION (H06)****Eligibility:**

- No age requirement
- Must be determined **mentally or physically incapacitated** to the extent that you are **unable to be gainfully employed**, and the condition is expected to be permanent

**How to Apply:**

- Complete the **“2026 Application for Special Exemption”**
- Your doctor must complete and submit the **“Doctor’s Certification of Disability”** form

**Required Documents:**

- Copy of Driver's License
- Income verification for the previous tax year
- Completed **Doctor’s Certification of Disability** (submitted directly by your physician)
  - **Doctor’s Submission Options:**
    - **Email:** [PropertyTaxes@EastPointCity.org](mailto:PropertyTaxes@EastPointCity.org)
    - **Mail:**  
City of East Point – Property Tax Division  
2757 East Point St.  
East Point, GA 30344

**✉ HOW TO SUBMIT YOUR APPLICATION**

Submit your completed application and all required documents by **April 1, 2026** to:

- **Email :** [PropertyTaxes@EastPointCity.org](mailto:PropertyTaxes@EastPointCity.org)
- **Mail:**  
City of East Point – Property Tax Division  
2757 East Point St.  
East Point, GA 30344
- **In-Person:**  
City of East Point – Customer Care Building  
2791 East Point St.  
East Point, GA 30344

All documents must be submitted by **each person listed on the property deed**. The address on your Driver's License must match the property address.

**CITY OF EAST POINT**  
**2026 Application for Basic Homestead Exemption Form**

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

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

Home /Mobile Phone: \_\_\_\_\_

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 O.C.G.A. §§ 48-5-44 through 48-5-50, exempting a homestead from taxation, or makes any false statement or false representation of a material fact in connection with such claim; or if any person knowingly assists another in the preparation of any such false or fraudulent claim, or enters into any collusion with another through the execution of a fictitious deed, deed of trust, mortgage, or other instrument, such person shall be guilty of a misdemeanor. In addition, the property shall be taxed in an amount double the tax otherwise due.

In accordance with the provisions of the state constitution and laws of this state authorizing homestead exemption, hereby make application for tax exemption on the above property. I, the undersigned, do solemnly swear that the I 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Exemption Code: .....

Received By: ..... Signature: ..... Date: .....

Approved By: ..... Signature: ..... Date: .....

**HOMESTEAD FILING DEADLINE: April 1, 2026**

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)

## Seniors (70+), Disabled and Veteran Disabled Form

### 2026 Application for Special Exemption - City of East Point

**SELECT YOUR EXEMPTION TYPE - *Check only one exemption.***

Senior Homestead Exemption (H04)  Disabled Veteran Homestead Exemption (H05)  Disabled Person Homestead Exemption (H06)

### APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Spouse Name (if applicable):** \_\_\_\_\_

**Home/Mobile Phone:** \_\_\_\_\_

**Spouse Date of Birth:** \_\_\_\_\_

**Applicant's Date of Birth:** \_\_\_\_\_

|  | <b>Claimant Annual Gross Income</b> | <b>Spouse Annual Gross Income</b> |
|--|-------------------------------------|-----------------------------------|
|--|-------------------------------------|-----------------------------------|

|                                  |       |       |
|----------------------------------|-------|-------|
| A. Social Security               | _____ | _____ |
| VA Disability                    | _____ | _____ |
| Railroad Retirement              | _____ | _____ |
| B. Pension/Retirement/Disability | _____ | _____ |
| C. All other income              | _____ | _____ |

**Total of A&B** \_\_\_\_\_

(Maximum amount) **\$91,728.00**

I. A&B-Maximum= \_\_\_\_\_

(If less than zero (0) enter zero (0) on 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.

**Signature:** \_\_\_\_\_  
Homestead claimant or representative \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Exemption Code: .....

Received By: ..... Signature: ..... Date: .....

Approved By: ..... Signature: ..... Date: .....



## **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 or she is unable to be gainfully employed, and 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 Official Code of Georgia Annotated (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.

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Signature of Doctor

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Print Doctor's Name

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Office Address

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Office Phone Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2026

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Notary Public