



**FULTON COUNTY AFFIDAVIT FOR HOMESTEAD EXEMPTION  
WHERE PROPERTY IS OWNED BY A TRUST**

I do hereby affirm that the Information and statements contained herein are true and correct to the best of my knowledge. This Affidavit is submitted in support of my request that the Fulton County Board of Assessor grant a **Homestead Exemption** to me as the applicant and beneficiary of the trust for the property located at:

\_\_\_\_\_  
(Street Address) (City) (Zip)  
The above described property is currently owned or title vested in \_\_\_\_\_  
(Name of Trust)  
as evidenced by a certain deed recorded in Fulton County Superior Court, Deed Book \_\_\_\_\_  
Page \_\_\_\_\_, dated \_\_\_\_\_.

I, **the applicant, pursuant to the above named Trust, am** legally entitled to receive the Homestead Exemption for the above described property. I **resided at the above described property on January 1** of the year for which this application is made and **declare this to be my legal domicile.**

I understand Homestead Exemption will be granted or denied based on the statements contained herein and those on the **Fulton County Homestead/Special or Senior Exemptions Application**. I further understand that, by law, the Tax Assessor's Office must be notified in the event that the individual(s) who qualified for this exemption becomes deceased, no longer resides at or owns the subject property or otherwise becomes ineligible for the Homestead Exemption. If any of the information changes, I will inform the Fulton County Tax Assessor Office in writing of the change in the year the change occurs.

I declare that I do not receive a Homestead Exemption on any other property in Georgia or in any other state either individually or by virtue of a trust. I declare under penalty of perjury and other penalties of state and local laws that I am eligible to claim the state and local Homestead Exemption available to homeowners.

Applicant's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I do hereby swear or affirm under penalty of law that this information is true and correct to the best of my knowledge. (Note: the making of false and/or fraudulent statements may subject one to criminal prosecution under applicable provisions of Georgia law, including but not limited to O.C.G.A. 16-10-20, which upon conviction carries a fine of not more than \$1,000 or imprisonment of one to five years, or both.)

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

(Notary Public) \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

OFFICE USE ONLY		ExCode _____
Date processed _____		Year Beg _____ Staff Name _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Parcel ID _____