Form BOA-HEX

	APPLICATION FOR HOMESTEAD EXEMPTION Fulton County Board of Assessors 235 Peachtree Street, NE, Suite 1100 Atlanta, Georgia 30303 (404) 612-6440 - Option #4				
			Email A	Address	
1.	Parcel Identification				
2.	Property Address				
3.	Owner's Name(s)				
4.	Owner's Mailing Address				
5.	Telephone #:	Marital Sta	atus: Married	Single	
6.	Owner's Social Security #:			Social Security #:	
7.	Legal State of Residence Do you claim		n homestead on other properties? Yes No		
8.	Vehicles Registered in What County		Tag Number(s)		
9.	Owner's Date of Birth:	Spouse's D	Spouse's Date of Birth:		
5.	Fraudulent Claims of exemption: O.C.G.A. 48-5-51 states that if any person makes a false or fraudulent claim for exemption under				
	the provisions of section 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				
ОАТН ОF ТАХРАУ	otherwise shall be guilty of a misdemeanor. In addition, property shall be taxed in amount double the tax otherwise to be paid.				
ЧŪ	n accordance with the provisions of the state constitution and laws of this state authorizing homestead exemption, I hereby make application				
ΗTA	for tax exemption on the above property. I, the undersigned, do solemnly swear that the statements made in support of this application are				
0	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, or the City of Atlanta 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				
	ny spouse claims any other homestead.				
10.	Applicant's Cignature		Data		
10.	· Applicant's Signature: Office Use Only		Date: Homestead Code ATL Homestead Code FUL		
				nomestedu Code FUL	
	Staff Name:				