Rev 11/2025

APPLICATION FOR CITY OF NORCROSS HOMESTEAD EXEMPTION

SELECT TYPE OF EXEMPTION(S)

☐ City of Norcross Basic Homestead Exemption
☐ City of Norcross Senior Homestead (Age 65) Exemption

CURRENT RESIDENCE		
1. Property address	2. Primary/legal residence ☐ Yes ☐ No	3. Date of occupancy (MM/DD/YYYY) / /
4. Number of houses on property	5. Adjoining lot properties? ☐ Yes ☐ No	6. Address of adjoining lots
PREVIOUS RESIDENCE		
7. Previous address	8. Date moved (MM/DD/YYYY) / /	9. Applicant still owns this property? ☐Yes ☐ No
10. Exemptions at previous address or any other property? ☐ Yes ☐ No	11. Exemption removal letter attached if property with exemption is located in another county/state? ☐ Yes ☐ No	12. Address(es) of additional property owned in or out of Georgia

APPLICANT INFORMATION	APPLICANT 1	APPLICANT 2
13. Applicant Name		
14. Mailing Address (if different)		
15. Date of Birth (MM/DD/YYYY)	/ /	/ /
16. Phone Number		
17. Email		
18. County/State of Voter Registration		
19. Social Security Number *Required if applying for Age 65 ($10,000 Income limit), Veteran Disability exemption*		
20. State/Auto Tag Number(s) Attach copy of registration/renewal		
21. State and Driver License Number or Georgia ID Number Attach a copy		
22. Active Military? If yes, list your legal state of residence and provide a copy of your Military LES	☐ Yes ☐ No	☐ Yes ☐ No
23. Marital Status	☐Single ☐Married ☐Divorced ☐Widowed	☐Single ☐Married ☐Divorced ☐Widowed
24. U.S. Citizen? If no, list your A# or I94# and attach a copy	☐ Yes ☐ No A# **or** I94#	☐ Yes ☐ No A# **or** I94#

OFFICE USE ONLY EXEMPTION TYPE: ☐ NEW ☐ CHANGE ☐ ADDITION ☐ DENIED TAX REP _____ DATE _____

PARID# _____ HS CASE# _____ EX CODE# _____ YEAR BEG _____ TAX YEAR _____

SUPERVISOR/MANAGER APPROVAL _____

OATH OF APPLICANT: I do hereby make application for the exemptions as indicated to the Tax Commissioner of City of Norcross in accordance with the provisions of the State of Georgia. I, the undersigned do solemnly swear that the above statements are true and correct. I am a qualified applicant according to O.C.G.A. 48-5-40 and the bona fide owner of the above described property. I actually occupied said property on January 1 of the year for which this exemption is claimed. Note: Making false or fraudulent statements is a misdemeanor and subject to penalties and fines per O.C.G.A 48-5-51.

X _____ Date _____ X _____ Date _____

Applicant 1's signature **Applicant 2's signature**