

DISABLED VETERAN / PEACE OFFICER / FIRE FIGHTER HOMESTEAD EXEMPTION APPLICATION

The City of Fairburn offers a Homestead Exemption to residents within the city limits who are veterans or widows of veterans. This exemption reduces your assessed property value up to \$50,000. Each household may have only one exemption. Rental properties or investment properties are not eligible for Homestead Exemptions.

This application must be submitted or postmarked by postal mail NO LATER THAN APRIL 1st.

To qualify for this exemption, you must meet ALL the following requirements:

- The applicant for the property must own and physically occupy the property as their primary residence.
- The applicant must have lived in the property as of January 1st of the current tax year.
- Must be 100% service-connected disability.

Attached to this application, applicants must provide a letter from the Department of Veteran Affairs or Department of Veteran Service, stating the qualifying disability.

EXEMPTIONS THAT APPLY IF YOU ARE A 100% SERVICE RELATED DISABLED VETERAN, A VETERAN'S SURVIVING SPOUSE, OR A SURVIVING SPOUSE OF A PEACE OFFICER OR FIREFIGHTER KILLED IN THE LINE OF DUTY.

Exemption names	You qualify for this if...	To qualify, you should provide...
Applies Anywhere in Fulton County		
Full Value (all taxing jurisdictions)	You are the unmarried widow/widower of a peace officer or firefighter killed in the line of duty. You are a resident of Georgia.	Copy of Death Certificate Documentation of occurrence of death in line of duty.
Disabled Veteran – Exemption Up to \$81,080 of Assessed Value	You are certified by the Veterans Administration as having a 100% service – connected disability. This may be extended to un-remarried widow or minor children.	Documentation from Veterans Administration.
Veteran Surviving Spouse – Exemption Up to \$81,080 of Assessed Value.	You are the un-remarried spouse of a military member killed in combat.	Copy of Death Certificate Documentation of occurrence of death in line of duty.

**For questions or more information, please contact the City of Fairburn Tax Office at
(770) 964- 2244 ext. 115.**

DISABLED VETERAN / PEACE OFFICER / FIRE FIGHTER
HOMESTEAD EXEMPTION APPLICATION

Date: _____

Property Owner: _____

Property Address: _____

Telephone Number: (_____) _____ - _____

Claimant's Date of Birth: Month _____ Date _____ Year _____

Social Security Number: _____ - _____ - _____

Spouse's Date of Birth: Month _____ Date _____ Year _____

Spouse's Social Security Number: _____ - _____ - _____

FOR SURVIVING SPOUSE OR MINOR CHILDREN OF DISEASED VETERAN:

Veteran's Name: _____

Veteran's Date of Birth: Month _____ Date _____ Year _____

Veteran's Date of Death: Month _____ Date _____ Year _____

I, the undersigned claimant, do solemnly swear that the above statements made in support of this application are true and correct, that I am the bona fide owner of the property for which this tax exemption is claimed, that I actually occupied same as my primary resident on January 1 of the year for which this tax exemption is claimed, I have provided all the required documents necessary and that no transaction has been made in collusion with another for the purpose of obtaining this tax exemption contrary to Law.

Homestead Claimant Signature

Notary Public:

Sworn to and subscribed before me this

_____ Day of _____ 20_____

Notary Public Signature