

DISABLED VETERAN/PEACE OFFICER/FIREFIGHTER HOMESTEAD APPLICATION

The City of Fairburn offers a Homestead Exemption to residents within the city limits who are disabled veterans, unmarried widows of disabled veterans, unmarried widows of peace officers, firefighters, and military service members, killed in the line of duty. Each household may have only one exemption. Exemption from taxes shall not apply to any ad valorem taxes levied to pay interest on and retire bonded indebtedness. Rental properties or investment properties are not eligible for Homestead Exemption(s).

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

<u>NAME OF EXEMPTION</u>	<u>QUALIFICATIONS</u>	<u>TAX EXEMPTION AMOUNT</u>
100% Disabled Veteran	MUST OWN AND OCCUPY RESIDENCE. You are certified by the Veterans Administration as having 100% service-connected disability. This may be extended to unmarried widow or minor children.	100% tax exempt. (Homeowners receiving this exemption are still required to pay the G.O. Bond percentage of the taxable value of the home)
Disabled Veterans < 100%	MUST OWN AND OCCUPY RESIDENCE. You are certified by the Veterans Administration as having a service-connected disability. This may be extended to unmarried widows or minor children.	Reduction of \$50,000.00 from the Assessed/Taxable Value. (Homeowners receiving this exemption are still required to pay the G.O. Bond percentage of the taxable value of the home)
Unmarried widow/widower of a PEACE OFFICER, FIREFIGHTER, or MILITARY SERVICE MEMBER.	MUST OWN AND OCCUPY RESIDENCE. You are the unmarried widow/widower of a Peace Officer, Firefighter, or Military Service member killed in combat or the line of duty.	Reduction of \$50,000.00 from the Assessed/Taxable Value. (Homeowners receiving this exemption are still required to pay the G.O. Bond percentage of the taxable value of the home)

**DISABLED VETERAN/PEACE OFFICER/FIREFIGHTER HOMESTEAD
APPLICATION**

Date: _____

Property Owner: _____

Property Address: _____

Telephone Number: _____

Claimant's Date of Birth: _____

Social Security Number: _____

Spouse's Date of Birth: _____

Spouse's Social Security Number: _____

For Surviving Spouse or Minor Children of Deceased Veteran:

Veteran's Name: _____

Veteran's Date of Birth: _____

Veteran's Date of Death: _____

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 occupy, same as my primary resident, on January 1st 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

CITY OF FAIRBURN

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