

## SENIOR/DISABILITY HOMESTEAD EXEMPTION APPLICATION

The City of Fairburn offers a Homestead Exemption to residents within the city limits. These exemption(s) reduce your assessed property value by \$25,000.00. Each household may have only one exemption. Rental properties or investment properties are not eligible for Homestead Exemption(s).

Also, citizens that reach 70 years of age, by April 1<sup>st</sup> of 2024, are eligible to receive a cap on the value of a homestead for taxing purposes at the assessed value of the home when the homeowner reaches ages of 70.

## This application must be submitted or postmarked by postal mail NO LATER THAN APRIL $1^{\rm ST}$ .

To qualify for Senior exemption, the following requirement(s) must be met:

- Live in the home as your primary residence
- Must be 65 years of age or older by April 1st

## (COPY OF DRIVER'S LICENSE REQUIRED)

To qualify for the disabled and unable to work exemption, you must meet ALL of the following requirements:

- You must live in the home (primary residence)
- Up to 3 physicians, licensed to practice medicine in the state of Georgia, must complete and sign a certificate provided by the Tax Assessors Office of Fulton County. The physician must certify that one or more individuals listed on the deed are mentally and/or physically incapacitated to the extent that they are unable to be gainfully employed, and that such incapacitation is likely to be permanent.
- (COPY OF DRIVER'S LICENSE REQUIRED)

## SENIOR/DISABLED HOMESTEAD EXEMPTION APPLICATION

DATE:			
PROPERTY OWNER:			_
PROPERTY ADDRESS:			
TELEPHONE NUMBER:			
CLAIMANT'S DATE OF BIRTH: MONTI	HDAY _	YEAR _	
SPOUSE'S NAME:			
SPOUSE'S DATE OF BIRTH: MONTH_	DAY	YEAR	
I,, the undersign statements made in support of this applicat owner of the property for which this tax exerprimary residence on January 1st of the year years of age or older and/or I am disabled /u	ion are true and mption is claime for which this ta	correct, that I a d, that I actually	am the bona fide occupied as my
Homestead Claimant Signature			
			Notary Public:
	Sworr	n to and subscrib	ed before me this
	d	lay of	20
		Nota	rv Public Signature