

Tax Year: \_\_\_\_\_

**\*\*\*CURRENT YEAR APPLICATIONS WILL NOT BE ACCEPTED AFTER JULY 1<sup>ST</sup> \*\*\***

## City of Lovejoy Property Tax 100% Exemption Application

A completed application must be filed for each tax year. Please type your answers or write legibly. If you have any questions regarding this application, please call (770) 471-2304 x1.

All applications must include a copy of one of the following valid forms of proof of age and residency with this application: A valid Georgia Driver's License OR a Georgia Identification (ID) Card (showing the address of exemption). Disabled Veterans must provide a copy of a letter from the VA showing 100% service connected benefits as of January 1 of the tax year.

NOTE: Individuals using forms indicating a different name must demonstrate a connection to the current name by including a copy of a marriage certificate or other supporting documents.

Property tax exemptions also apply to fees included on tax bills, including sanitation fees.

**Check one (or all that apply):**  65 & Older Exemption  100% Disabled Veteran Exemption

### OWNER INFORMATION

1. Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
2. Parcel Number: \_\_\_\_\_
3. Full Name of Property Owner as it appears on Deed: \_\_\_\_\_
4. Physical Address of Property: \_\_\_\_\_
5. Mailing Address of Owner: (if different): \_\_\_\_\_
6. Phone Number of Owner: \_\_\_\_\_ Email address of owner: \_\_\_\_\_
7. Date Property was Acquired by Owner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**AFFIRMATION:** I, the undersigned, declare under penalties of law that this application and any attachments are true and correct to the best of my knowledge and belief. I am at least 65 years of age and/or a 100% disabled veteran as of January 1<sup>st</sup> of the current calendar year, and the primary resident AND property owner of the above listed property.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

OFFICE USE ONLY: [ ] APPROVED [ ] DENIED

BY: \_\_\_\_\_ DATE RECEIVED ON OR BEFORE JULY 1ST: \_\_\_\_\_

VALID DRIVER'S LICENSE: [ ] YES [ ] NO

VA LETTER OR PROOF OF BENEFITS: [ ] YES [ ] NO

IF DENIED, REASON FOR DENIAL: \_\_\_\_\_