



## Clayton County Tax Commissioner

Please do not include any confidential or sensitive information in this form. This form sends information by non-encrypted e-mail which is not secure.

### Homestead Exemption Application

Parcel ID \*

Owner \*

Co-Owner

Address \*

Street Address

Address Line 2

City

State

ZIP Code

Email \*

Phone \*

Alternative Phone

### Applicant #1 Information

Name \*

Date of Birth \*

Age \*

Marital Status \*

U.S. Citizen? \*

- Yes  
 No

### Applicant #2 Information

Name

Purchased from whom?

## Other information

County where you are registered to vote

State where you are registered to vote

County where vehicles are registered

Total # of Vehicles

Tag #1

Tag #2

Tag #3

The following documents are required in order to process your Homestead Exemption Application:

- Valid Georgia Driver's License or State Issued ID
- Current Voter Registration card reflecting the current home address
- All vehicles titled under the applicant's name **must** be registered in Clayton County, and **current vehicle registration** must be submitted.
- If applicant or spouse owns other properties, a letter from County/State must be provided verifying no Homestead. **No exceptions.**

If you cannot meet these requirements, the following is acceptable only after review:

- Current Federal and State income tax forms with ALL attachments (will only be needed if applicant states they do not vote and/or have no vehicles)
- If applicant is not required under Federal or State Law to file income taxes, applicant will need to bring in **all** utility statements showing the applicant as the account holder, with statements being mailed to the property location.

The following documents will only be accepted upon review:

- Bank statement with correct address.
- Employer verification including but not limited to:
  - Paycheck or pay stub showing correct address.
  - W-2 for preceding calendar year showing correct year.
- Health insurance statement.
- Social Security statement for current year.
- Medicare or Medicaid statement.

Uploads \*

Drop files here or

Accepted file types: doc, docx, odt, pdf, txt, rtf, xls,xlsx, jpg, png, jpeg, Max. file size: 128 MB.

Applicant #1 Signature \*

Date \*



