

HOMESTEAD WORK SHEET ONLY

Account # _____

This is NOT an application

Owners Name (Last-First-Middle) Social Security Number Date of Birth

Spouse Name (Last-First-Middle) Social Security Number Date of Birth

Physical Street Address City Zip

Telephone #

Mailing Address if different from above:

(Example: P. O. Box) _____

In accordance with State Law 27-33-63(2) you must be a legal resident of Mississippi and this is your primary home – you must comply with the Mississippi income tax laws – you must comply with the vehicle tax laws of Mississippi

All Automobile Tag #'s: _____

(Complete Tag Number is on your receipt)

Homestead Exemption Type: (Circle One)

- | | | |
|------------|-----------------------|-----------------------------------|
| 1-Regular | 3-SS/RR Act Disabled* | 5-Disabled Veteran* |
| 2-Over 65* | 4-DR Disability Plan* | 6-Combination (Reg & Additional*) |

*you must provide this office with proof of disability or birth date in order to apply for any special exemptions

Marital Status on January 1st (Circle One)

- | | | | | |
|-----------|-----------|--------------|------------|----------|
| 1-Married | 2-Widowed | 3-Separated* | 4-Divorced | 5-Single |
|-----------|-----------|--------------|------------|----------|

If widowed: Spouse date of death _____

*Separated-Answer the next 3 questions: 1) Do you file a Joint Income Tax Return with your spouse? Yes or no
2) Is this the marital home? Yes or no 3) Do you have custody of a minor child? Yes or no

Property was acquired from: (Look on your deed or lease for seller's name)

Previous Owner(s) Name

Deed Book Deed Page Purchase Date Recording Date

Purchase Price: (Look on your closing/settlement statement or HUD-1) Required Section 27-33-21(f) & 27-33-31(1)

Full Purchase Price: \$ _____ Down Payment: \$ _____

Filing Information: (Circle One)

- | | | | | |
|--|-------------------|-----------------------|---------------|---------------------|
| 1-Fee Title | 2-Joint Occupant* | 3-Joint Non Occupant* | 4-Life Estate | 5-Undivided Estate* |
| 6-Lease Hold (Lease Expiration Date _____) | | | | |

*Additional Owners: _____

I acknowledge that all information above is true and correct.

Customer Signature: _____

For Office Use Only:

Primary Parcel Number Acreage In City

Parcel Number Acreage In City Joins Home/In 5 miles

Parcel Number Acreage In City Joins Home/In 5 miles

Additional Notes:

Is this a Replacement with Change? If yes, indicate old Homestead Account # _____