	г				#00=			-	-		-	100	_					10000	E-0480		SANDAR .	Securior	Date:	_				19775	0) Ft 1	_	1
		THIS SECTION TAX	Tax Com	. A	I, the undersigned, do occupied same on Ja defined in O.C.G.A. Sthis		s any part of the proj f yes, what kind of bu	Kind of Title Held	Purchased Price	Date Property Purchased: 4/30/2018	Location of Property	SECTION B	[]YES	[]YES	[]YES	Sak[]	If you answer Yes to Quest qualifications requirements	で 競技 製造						Applicant	lf you are a non-ci	Are you and your	List below the add	SECTION A	The homestead ex this application. A accordance with C	LGS-Homestead Rev 10-08	
		THIS SECTION TAX ASSESSOR USE ONLY:	Tax Commissioner or Receiver	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	do solemnly swear t January 1 of the yea L. Section 48-5-40 an of AULA		Is any part of the property used for business purposes? [] YES If yes, what kind of business & how much of the property is used?	Mana	315	ased: 4/30/2018	Location of Property (Street Address): 267		4.	3.	2.	1.	to Question #1, plea irements.	County where car is registered:	County where registered to vote:	Year of Birth	Social Security No	City State Zip	Street Address	Name	tizen with legal auth	spouse a Georgia re	ress of any other pro		The homestead exemptions provided for in this application. Applicants seeking a homes accordance with O.C.G.A. Section 48-5-311.	Rev 10-08	
		LY:	er	- Bel	that the above settler for which applicate ar for which applicate and that no transaction are provided to the control of the c		the property is used?	tro	315,100		MOSS LOOP		Are you the unmarrie	Are you the unmarrie	Is the applicant or sp	Were you or your spouse net income requirements.	ase follow the instru	egistered: /- / +	red to vote: (1 h	1469	******	RINCON, GA 31326	267 MOSS LOOP	LOPEZ KIMBERLY AND CESAR LUIS	orization from the U	sident, US citizen o	operty where you or		for in this Application homestead exempti 5-311.		
COUNTY TAX >>	STATE TAX >>		I		I, the undersigned, do solemnly swear that the above settlements made in support of this application are too and correct, that I am the bona fide owner of the property described in this application, that I actually occupied same on January 1 of the year for which application is made, that I am an eligible applicant for the homesteage exemption applied for, qualifying or meeting the definition of the word "applicant" as defined in O.C.G.A. Section 48-5-40 and that no transaction has been made in collusion with/another for the purpose of obtaining a homestead exemption contrary to law. Sworn to and subscribed to before me, day of the purpose of obtaining a homestead exemption contrary to law. Sworn to and subscribed to before me,	,	NO	To Whom is Lien Due	Amount of Lien:	From Whom Purchas			Are you the unmarried surviving spouse of a firefighter or peace officer killed in the line of duty?	Are you the unmarried surviving spouse of a US service member killed in action?	Is the applicant or spouse a 100% disabled veteran or is the applicant the unremarried survivi	Were you or your spouse age 62 or older as of Jan 1 of the year of this application? net income requirements.	If you answer Yes to Question #1, please follow the instructions to determine if you qualify for an increased homestead amount. Please see Tax Commissioner or Receiver for additional information and qualifications requirements.	Mahan	enshour	Phone Number	GA DL#			AND CESAR LUIS	If you are a non-citizen with legal authorization from the US Immigration and Naturalization Service, please provide your Legal Alien Registration#	Are you and your spouse a Georgia resident, US citizen or alien with legal authorization from the	List below the address of any other property where you or your spouse have applied for and been granted a homestead exemption of the current year.		The homestead exemptions provided for in this Application form are those authorized by Georgia law. Counties are authorized to provide for local homestead exemptions that may vary from the ones shown on this application. Applicants seeking a homestead exemption should contact the local Tax Commissioner or Tax Receiver for additional information. If this application is denied, an appeal may be filed in accordance with O.C.G.A. Section 48-5-311.		
		CODE	MAPPROVED	*	nade in support of this applicati ade, that I am an eligible applicate that I am an eligible applicate made in collusion with another Applicant Signature.	AFFID	0	1/ours	0	From Whom Purchased: U S BANK NATIONAL ASSOCIATION		PROP	a firefighter or peace of	a US service member h	veteran or is the applic	s of Jan 1 of the year o	f you qualify for an i	If you or your spouse are in the military service, list state shown as your home of record:		184 WB	08426				aturalization Service	horization from the l	pplied for and been	APPLI	horized by Georgia le local Tax Commis	APPLICATION F	
	is:	AMOUNT	/ED [] DENIED	1	on are-trae and corr apt for the purpose the	AFFIDAVIT OF APPLICAN		tederal		VAL ASSOCIATION		PROPERTY INFORMATIO	ficer killed in the line o	tilled in action?	ant the unremarried su		ncreased homestea	are in the military servi		7365	1286				e, please provide yo	US Immigration and Naturalization Service?	granted a homestea	APPLICANT INFORMATIO	aw. Counties are ausioner or Tax Recei	APPLICATION FOR HOMESTEAD E	
			D		ect, that I am the b dexemption applied of obtaining a home	ANT						TION	f duty?		rviving spouse of a 1	to Sections C1 and/or	d amount. Please	ce, list state shown as						Spouse:	ur Legal Alien Reg	Naturalization Sen	ad exemption of the	TION	thorized to provide ver for additional in	DEXEMPTION	
			Board of Tax Assessors	The Property	ona fide owner of t ed for, qualifying or esterad exemption of		Is any part of the property rented? [If yes, what kind is rented?	Deed Recorded: 2464 476	Land Lot: //4	Map/Parcel Number: 0452A114	Lot Size or Number of Acres: 6.94				ng spouse of a 100% disabled veteran?	r C2 on the back of thi	see Tax Commissi	s your home of record	County where registered to vote	Year of Birth	Social Security No	City State Zip	Street Address	Name	jistration#	vice?	e current year:		e for local homestern formation. If this a		
			Assessors	want	that I am the bona fide owner of the property described in this application, that I actually comption applied for, qualifying or meeting the definition of the word "applicant" as staining a homestead exemption contrary to law. Sworn to and subscribed to before me,		nted? [] YES			0452A114	Acres: 6.94				7	Go to Sections C1 and/or C2 on the back of this application to determine whether you meet certain gross and/or	oner or Receiver for		red to vote:										rized to provide for local homestead exemptions that may vary from the ones she for additional information. If this application is denied, an appeal may be filed in		
			3	23.53	ed in this applicatio tion of the word "ap orn to and subscribe	*	S PYNO .		Land District: 9TH							nine whether you mee	r additional informa			Phone:						[MYES			may vary from the	Homestead Year: 2019	
			Date	-/9	on, that I actually oplicant" as ed to before me,											et certain gross and/or	ation and									ON[]			ones shown on e filed in	2019)

SCHOOL TAX >>

SECTION C1:	COM	PLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR NET IN	COME REQUIREMENT									
If fili	ng Joint Income Tax Return, A	Applicant must complete Column 1A only. If filing separate	ely, both Columns 1A and 1B	must be completed.								
INCOME FOR TAX YEAR ENDING DECEMBER 31, 20												
		COLUMN 1A	COLUMN 1B									
Line 1	Total Income from Public or Pr	APPLICANT	SPOUSE									
		rivate retirement, disability or pension system										
Line 2	Total Income from Social Secu											
Line 3		nent and Social Security (Line 1 plus Line 2)										
Line 4	Maximum Social Security amo											
Line 5	Retirement Income over maxir		, and the second									
Line 6	Other income from all sources											
Line 7	Adjusted Income (Line 5 plus I	Line 6)										
Line 8	Standard or Itemized Deduction	ns from Georgia Income Tax Return										
Line 9	Personal Exemption amount fr	om Georgia Income Tax Return										
Lir:e 10	Net Income (Line 7 less Lines											
If filing Joint In	come Tax Return, Line 10, Colu	umn 1A must be less than \$10,000. If filing Separately, total of	Line 10, Column 1A plus 1B m	ust be less than \$10,000.								
SECTION C2		ILITY										
		EMENT										
	For each member in the ho	djusted gross income in the s	paced below									
		INCOME FOR TAX YEAR ENDING DECEMBER 31, 20										
		SOCIAL SECURITY NUMBER	FEDERAL ADJUSTED GROSS INCOME									
Line 1	Name of Household Member											
Line 2	Name of Household Member											
Line 3	Name of Household Member											
Line 4	Name of Household Member											
Line 5	Name of Household Member											
Line 6	Name of Household Member											
Line 7	Name of Household Member											
ADJUSTED GE	OSS INCOME - TOTAL OF LINES	1 THRU 7 MUST BE LESS THAN \$30,000 >>>>>>										

1. -