

Mississippi Homestead Application

TAX OFFICE COPY

Year **2014**

County # **02**

8283

1. Name of Taxpayer Last, F. MI	APPLICANT NAME	SSN 123 45 6786	Municipality Code 0 0 0
2. Name of Spouse Last, F. MI	SPOUSE NAME	SSN 123 45 6787	School District Code 2
3. Physical Address of Taxpayer	STREET ADDRESS	City CITY	State MS
			Zip 99999 9999

4. 2 Exemption 1 - Regular 2 - Over 65 DOB: 03/25/1943 01/08/1940 SPOUSE 3 - SRR Act Disabled 4 - Dis. Plan 5 - DAV 6 - Combination Reg & Add	5. 1 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following: File joint income tax return: Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child: Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home: Yes <input type="checkbox"/> No <input type="checkbox"/>	6. 2 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est 6 - Lease Expires: 7 - Trust	7. 1 Additional Use 1 - None 2 - Rental # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. 00 Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book #/Page #	DATE ACQUIRED
1. 0059-21-000-017.02	5	9.50	NO	YES	YES	105 803	08/30/2001
2. 0059-21-000-014.00		3.00	NO	YES	YES	138 634	08/30/2004
3. 0118-12-000-020.09		10.00	NO	NO	YES	135 39	05/02/2003
4. 0118-11-000-001.00		1.00	NO	NO	YES		
5. 0118-01-000-004.00		40.00	NO	NO	YES	8 8	12/20/2011

10. Location, name, and relationship to applicant of joint owner(s) other than spouse. If undivided estate, list heirs.

1.	2.	3.
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner

11. Property was acquired by:

A. Inheritance (check one): without will _____ with will _____
From (name): _____
who was my (relationship): _____ Date of Death: _____
whose title was acquired by: Deed _____ Gift _____ Other _____
Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift _____ Other _____
From (name): **JAMES BOND**
Date filed with Chancery Clerk: **08/30/2001**
If purchased, Section 27-33-21(f) and 27-33-31(i) require:
Full Price \$ **500,000** Down Payment \$ **100,000.00**

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes No

B. has/have complied with the income tax laws of this state. Yes No

C. has/have complied with the road and bridge privilege tax laws of this state. Yes No

Must furnish all tag numbers of privately owned vehicles in your possession.

How Many vehicles possessed? **05**

LIST TAG NUMBERS: **ABC123 ABC124 DEF456 GHI789 JKL012**

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any Applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL NONE _____ PART _____ **100.00**

Application is a: first time _____ renewal (no change) _____ replacement w/change

The applicant herein has, IN PERSON, attested to and signed the application before me, this **23rd** day of **May**, 20 **14**

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

(Usual signature of applicant)

By: _____
Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31 (o)