Account# _____

HOMESTEAD WORK SHEET ONLY

This is not an application

Owners Name (Last- First- Middle) **-Full Name-not initials** _____ Social Security Number ___-___-___

Spouse Name (Last- First- Middle) **-Full Name-not initials** _____ Social Security Number ___-___-___

Valid proof of identification required (valid MS drivers license/passport/MS picture identification)

Physical Street Address _____ City _____ Zip _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: (Example - PO Box's) _____

Day Time Phone Number(s): (___) ___-____ (___) ___-____

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 tag receipt)

Previous Address: _____ Own( ) Rent( ) Sold( ) & When _____

Are You Operating A Business in/or Out Of This Property Or Renting Rooms?
If Yes Please Describe: _____

Homestead Exemption Type: (Circle One)

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

DOB ___/___/___ **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

**Separated – Answer the Next 3 Questions: 1-Do You File a Joint Income Tax Return with Your Spouse (YES/NO)
2-Is This The Marital Home (YES/NO) 3-Do You Have Custody Of A Minor Child (YES/NO)

Property Was Acquired From: (Look on your deed or lease for seller's name)

_____
Previous Owner(s) Name

_____ Deed Book _____ Page Number ___/___/___ Purchase/Acquired Date (Month/Day/Year) ___/___/___ Recording Date (Month/Day/Year)

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

Full Purchase Price: $_____ Down Payment: $_____

Filing Information: (Circle One)

1- Fee Title 2- Occupant Joint** 3- Non Occupant Joint** 4- Life Estate
5- Undivided Estate ** 6- Lease Hold - Lease Expiration Date ___/___/___

Additional Owners**: _____

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 Space for Notes: _____

If Your Primary Home is a Mobile Home – you must certify in the Canton Office MH Cert# _____

Is This A Replacement With Change? If Yes - Indicate The Old Homestead Account # _____

Revised 10/09