

# Mary Ann Palmer Forrest County Tax Assessor

## Homestead Exemption Application Request

Please Complete Questionnaire

1. \_\_\_\_\_  
FULL NAME (AS ON DEED)
2. \_\_\_\_\_  
SOCIAL SECURITY NUMBER & DATE OF BIRTH
3. \_\_\_\_\_  
SPOUSE'S FULL NAME
4. \_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NUMBER & DATE OF BIRTH
- \_\_\_\_\_  
NAME OTHER THAN SPOUSE(Relationship to Owner)
- \_\_\_\_\_  
SOCIAL SECURITY NUMBER & DATE OF BIRTH
5. \_\_\_\_\_  
(A) YOUR CURRENT MAILING ADDRESS
- \_\_\_\_\_  
PHYSICAL ADDRESS
6. PHONE \_\_\_\_\_  
HOME
- \_\_\_\_\_  
BUSINESS
7. IS THE PROPERTY YOU ARE FILING HOMESTEAD ON A:  
(1) NEW RESIDENCE (RECENT CONSTRUCTION) \_\_\_\_\_ (2) EXISTING HOME \_\_\_\_\_  
(3) MOBILE HOME \_\_\_\_\_ (Need Copy of \$35.00 Certification Fee)
8. ARE YOU OR YOUR SPOUSE THE SOLE OWNER OF THE PROPERTY? \_\_\_\_\_ YES \_\_\_\_\_ NO (Even if Financed)  
IF YES, deed \_\_\_\_\_ lease \_\_\_\_\_ will \_\_\_\_\_ gift \_\_\_\_\_
9. DO YOU LIVE ON THE PROPERTY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, WHEN DID YOU MOVE IN? \_\_\_\_\_ (DATE) Email \_\_\_\_\_
10. ARE YOU AND/OR YOUR SPOUSE: (ONLY 1 PER HOUSEHOLD)  
(a) 100% DISABLED \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, NEED A LETTER FROM SOCIAL SECURITY  
(b) 65 OR OLDER \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, NEED A COPY OF DRIVERS LICENSES OR BIRTH CERTIFICATE  
(c) MILITARY \_\_\_\_\_ YES \_\_\_\_\_ NO  
(b) 100% VA DISABLED \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, NEED A COPY OF CAR TAG LETTER
- \* STATE MANDATED MCA §27-33-31
11. PURCHASE PRICE OF HOME CASH AMOUNT PAID OR DOWN PAYMENT AMOUNT FINANCED INTEREST RATE  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ % \_\_\_\_\_
12. LIST ALL PERSONAL VEHICLE LICENSE PLATE NUMBERS (MANDATORY FORREST COUNTY)  
\_\_\_\_\_
13. ARE YOU A LEGAL RESIDENT OF MISSISSIPPI? \_\_\_\_\_ YES \_\_\_\_\_ NO
14. DO YOU FILE INCOME TAX IN MISSISSIPPI? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF NO, WHAT STATE DO YOU FILE INCOME TAX IN? \_\_\_\_\_
15. ARE YOU OR YOUR SPOUSE FILING HOMESTEAD IN ANOTHER LOCATION? \_\_\_\_\_ YES \_\_\_\_\_ NO
16. WHERE DID YOU FILE YOUR LAST HOMESTEAD EXEMPTION? \_\_\_\_\_  
County or Street Location
17. UNDER WHAT NAME? \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE OF OWNER ONLY

**\*Must Have A Copy of Recorded Deed for Clerk With Filing Date and Book and Page Numbers**