

**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 MS identification required (valid MS driver's license/valid MS picture identification card)*

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: \_\_\_\_\_  
(your complete tag number is on your tag receipt- please bring in your current tag receipts)

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 1<sup>ST</sup>: (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 \_\_\_\_\_ Recording Date \_\_\_\_\_  
(Month/Day/Year) (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 \_\_\_\_/\_\_\_\_/\_\_\_\_                      7-Trust  
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 # \_\_\_\_\_