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**HOMESTEAD EXEMPTION REQUIREMENTS**

1. HOMESTEAD APPLICATIONS ARE TAKEN ANNUALLY BETWEEN JANUARY 1<sup>ST</sup> AND APRIL 1<sup>ST</sup>.
2. YOU MUST OWN YOUR HOME AND RESIDE THERE ON OR BEFORE JANUARY 1<sup>ST</sup> OF THE CURRENT YEAR TO BE ELIGIBLE FOR HOMESTEAD EXEMPTION.
3. YOUR WARRANTY DEED OR LEASE MUST BE ON FILE IN THE MADISON COUNTY CHANCERY CLERK’S OFFICE BY JANUARY 7<sup>TH</sup> OF THE CURRENT YEAR.
4. IF YOUR HOME IS A MOBILE HOME YOU MUST CERTIFY YOUR MOBILE HOME TO THE LAND ROLL FOR TAXATION. MISS. CODE §27-53-15/HB824 1982 **\*\*MOBILE HOME CERTIFICATE FEE \$36.00\*\***

**INFORMATION NEEDED TO APPLY FOR HOMESTEAD**

**\*\* BRING THESE ITEMS WITH YOU WHEN FILING \*\***

1. **\*\*** WARRANTY DEED, ASSIGNMENT OF LEASE, WILL. (DOCUMENTS MUST BE RECORDED IN THE MADISON COUNTY CHANCERY CLERK’S OFFICE) (LEASE PROPERTY-LEASE EXPIRATION DATE)
2. **\*\*** FULL PURCHASE PRICE. (BRING YOUR CLOSING DISCLOSURE/SETTLEMENT STATEMENT)
3. AMOUNT OF DOWN PAYMENT. (LOOK ON YOUR CLOSING DISCLOSURE/SETTLEMENT STATEMENT)
4. SOCIAL SECURITY NUMBERS, DATE OF BIRTH, PHONE NUMBERS, EMAIL ADDRESS. (HUSBAND & WIFE – MUST HAVE INFORMATION FOR BOTH - EVEN IF THE SPOUSE’S NAME IS NOT ON THE DEED) (OCC-JOINT OWNERSHIP – MUST HAVE ALL PARTIES’ INFORMATION - REGARDLESS OF RELATIONSHIP)
5. TAG NUMBERS FOR **ALL** AUTOMOBILES TITLED IN YOUR NAME, SPOUSE’S OR OCC-JOINT OWNER. (YOUR COMPLETE TAG NUMBER IS ON YOUR TAG RECEIPT/PLEASE BRING IN YOUR CURRENT TAG RECEIPTS)
6. **\*\*** VALID PROOF OF MISSISSIPPI RESIDENCY REQUIRED. (VALID MS DRIVER’S LICENSE/VALID MS PICTURE IDENTIFICATION CARD)
7. **\*\*** MOBILE HOMES MUST BE CERTIFIED TO THE LAND ROLL. BRING WITH YOU THE BILL OF SALE/APPLICATION FOR TITLE FOR THE MOBILE HOME. (BRING TITLE FOR MH’S MANUFACTURED AS OF SEPT 1999)
8. **\*\*** OVER 65 EXEMPTION – MUST PROVIDE PROOF. (VALID MS DRIVER’S LICENSE -OR- BIRTH CERTIFICATE)
9. **\*\*** SOCIAL SECURITY DISABILITY – MUST PROVIDE PROOF. (UPDATED LETTER FROM SOCIAL SECURITY ADMINISTRATION WITH YOUR CLAIM # - OR- UPDATED **TPQY** PRINT-OUT FROM SOCIAL SECURITY ADMINISTRATION)
10. **\*\*** DISABLED VETERANS (100%) SERVICE CONNECTED – MUST PROVIDE PROOF. (LETTER FROM VETERANS ADMINISTRATION WITH CLAIM #)
11. ADDITIONAL DOCUMENTATION MAY BE REQUIRED UNDER CERTAIN CIRCUMSTANCES. (SUCH AS PROOF THAT APPLICANT IS NOT FILING HOMESTEAD ON ANOTHER PROPERTY) 27-33-31 Section 1 (p) & (q)

**REASONS YOU MAY NEED TO REFILE:**

**MARITAL STATUS CHANGE - CHANGE IN PROPERTY TITLE - PROPERTY SOLD - ELIGIBLE FOR DIFFERENT TYPE OF EXEMPTION - FILED NEW DEEDS - NEW LEASE - BUILT A NEW HOME/CHANGED RESIDENCES - PROPERTY COMBINED - ADD PROPERTY TO YOUR CURRENT EXEMPTION - PERCENTAGE OF ELIGIBILITY CHANGED - BUSINESS ACTIVITY -**

**HOMESTEAD WORKSHEET ONLY**

*\*This is not an application\**

Owner's Name #1 (Last- First- Middle)-Full Name-not initials \_\_\_\_\_

Social Security Number \_\_\_\_\_

Daytime Phone Number #1:( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Owner's DOB#1 / / \_\_\_\_\_

Spouse's Name #2 (Last- First- Middle)-Full Name-not initials \_\_\_\_\_

Social Security Number \_\_\_\_\_

Daytime Phone Number #2:( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's DOB#2 / / \_\_\_\_\_

*Proof of Mississippi residency required (valid MS driver's license/valid MS picture identification card)*

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM ABOVE:**(Example - P.O.Box) \_\_\_\_\_

*In accordance with Miss. Code 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 Numbers: \_\_\_\_\_

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

Previous Address: \_\_\_\_\_ Sold( ) Rent( ) Owner( ) & when \_\_\_\_\_  
Physical Address/City/State/Zip Timeline

Is any part of the land or dwelling rented or leased or used for a business?

If Yes Please Describe: \_\_\_\_\_

**Homestead Exemption Type:** (Circle One)

1- Regular

3- SS/RR Act Disabled\*\*

5- Disabled Veteran\*\*

2- Over 65\*\*

4- DR Disability Plan\*\*

6- Combination (Reg & Additional\*\*)

**\*\*you must provide 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 (No previous marriages)

**\*\*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)

Name of Previous Owner(s) \_\_\_\_\_

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)-or-closing disclosure(H-25B)

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 \_\_\_\_\_

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 # \_\_\_\_\_