

**HOMESTEAD WORKSHEET ONLY**

*\*This is not an application\**

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

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

Spouse's Name (Last- First- Middle) -Full Name-not initials \_\_\_\_\_  
*Proof of Mississippi residency required (valid MS driver's license/valid MS picture identification card)*

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

Physical Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Daytime Phone Number(s): ( ) - ( ) - \_\_\_\_\_

*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: \_\_\_\_\_ Owner( ) Rent( ) Sold( ) & 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\*\*)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*\*you must provide 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)

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

Deed Book	Page Number	Purchase/Acquired Date <small>(Month/Day/Year)</small>	Recording Date <small>(Month/Day/Year)</small>

**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
_____	_____	_____	_____
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, what is the old homestead account number? \_\_\_\_\_