Account#	
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## **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:( ) -	•
Spouse's DOB#2 / /	
Proof of Mississippi residency required (valid MS driver	's license/valid MS picture identification card)
Physical Street Address Cit	zy 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 mu	st 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:Physical Address/City/State/Zip	Sold( ) Rent( ) Owner( ) & When
Is any part of the land or dwelling rented or leased or used fo If Yes Please Describe:	
Homestead Exemption Type: (Circle One)	
1- Regular 3- SS/RR Act Disabled**	<pre>5- Disabled Veteran**</pre>
<b>2</b> - Over 65** <b>4</b> - DR Disability Plan**	<b>6</b> - Combination (Reg & Additional**)
**you must provide proof of disability or birth date in order to apply for any special exemptions**	
Marital Status on " <u>JANUARY 1<sup>st</sup>"</u> : (Circle One)	(No previous
1- Married 2- Widowed 3- Separated**	4- Divorced 5- Single marriages)
**Separated - Answer the next 3 questions: 1-Do you file a join 2-Is this the marital home? (YES/NO) 3-Do you ha	t income tax return with your spouse? (YES/NO) .ve custody of a minor child? (YES/NO)
<pre>Property Was Acquired From: (Look on your deed or lease</pre>	for seller's name)
Name of Previous Owner(s)	
Deed Book Page Number Purchase/Acquired (Month/Day/Year)	Date Recording Date (Month/Day/Year)
Purchase Price: Look on your closing/settlement statement(HUD-1)	
Full Purchase Price: \$ Dow	n Payment: \$
Filing Information: (Circle One)	
1- Fee Title 2- Occupant Joint** 3- Non Occ	
5- Undivided Estate ** 6- Lease Hold-Lease Ex	xpiration Date <u>/ /</u> <b>7</b> -Trust
Additional Owners**:	
Son Office Hee Only	
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 co	ertify in the Canton Office MH Cert#
Ts This A Renlacement With Change?  If Yes - I	

Revised 06/21