

## City of Roswell Application for Homestead Exemption for 100% Disabled Veterans

Applicants must apply between January 1 and June 1 of the tax year.

(Please print all answers)

Name: Phone:			
Property Address:	Parcel#:	Parcel#:	
1. Claimant's Date of Birth:	GA Driver's License#:		
2. Is the property in this application the Exemption application?   Yes		Iton County Homestead	
3. Do you occupy and reside in such Hon	nestead? □ Yes □ No		
4. Please attach proof that you are a 10 granted to a disabled veteran under t		-	
I, the undersigned claimant (or authorized ag in support of this application are true and cor occupied my residence as of January 1 of the	rect, that I am the bona fide owner expear for which this tax exemption is	of the property and have claimed.	
Homestead Claimant Signature:			
Sworn to and subscribed before me this	day of	, 20	
Notary Public:			
My commission expires: (Seal)			