

Carla Jackson, Tax Commissioner
P O Box 100127, Marietta GA 30061-7027

Phone: 770-528-8600
Email: tax@cobbtax.org

**COBB COUNTY AFFIDAVIT FOR Age 65 \$4,000 Exemption
Application (10,000 Income Limitation)**

Age 65 \$4,000 exemption income requirements. The applicant's net income, together with net income of the spouse who also occupies and resides at such homestead, may not exceed \$10,000 for the immediately preceding taxable year for income tax purposes. The net income shall not include income received as retirement, survivor, or disability benefits under the Federal Social Security Act or under any other public or private retirement, disability or pension system, except such income which is in excess of the maximum amount for current tax year that is authorized to be paid to an individual and his spouse under the Federal Social Security Act, and income from such sources in excess of such maximum amount shall be included as net income for the purposes of this subsection.

Applicant's Name: _____
Address: _____
Phone Number: _____ **Email:** _____

I, *the applicant*, am the owner of the above named property applying for Age 65 \$4,000 Homestead. I resided at the above described property on January 1 of the year for which this application is made and declare this to be my legal domicile and (if applicable) my net income together with income from my spouse for the immediately preceding year did not exceed \$10,000.

I do hereby swear or affirm that the information and statements contained herein are true and correct to the best of my knowledge. This Affidavit is submitted in support of my request that the Tax Commissioner of Cobb County and the Board of Tax Assessors of Cobb County grant the **Age 65 \$4,000 Homestead Exemption** to me as the applicant named.

X _____
Applicant's 1 Signature Applicant's 2 Signature Date

(Notary Public)

My Commission Expires:

PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORD. A RECEIPT WILL BE MAILED OR EMAILED (IF EMAIL ADDRESS IS PROVIDED) TO YOU AFTER YOUR APPLICATION HAS BEEN PROCESSED.

OFFICE USE ONLY	HS # _____	EXCode # _____
Date processed _____	Year Beg _____	Tax Rep _____
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DENIED	Parcel ID _____