



**Don't know your Property ID/Parcel #?**

Go to Henry County Tax Assessor's website: [www.qpublic.net/ga/henry/index.html](http://www.qpublic.net/ga/henry/index.html) or **scan QR Code** to left for direct link then choose "Search Records" at the top of the page; then select "Yes, I accept the above statement" at the bottom of the page. You will then be directed to a page where you can type in your name or address and hit search and it will direct you to a page with your Parcel ID. Enter the Parcel # on this form.



**Form HHE-1: APPLICATION FOR THE CITY OF HAMPTON HOMESTEAD EXEMPTION**

*Instructions for completing this application appear on the next page (COMPLETE ALL FIELDS in blue or black ink). If this application is denied, an appeal may be filed in accordance with O.C.G.A. §48-5-311. Applications must be received or marked by April 1 for processing in that tax year.*



**CITY OF HAMPTON HOMESTEAD EXEMPTION**

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Mail or deliver in person: City of Hampton Homestead Exemption 17 E. Main Street South, Hampton, GA 30228

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<p align="center"><b>SELECT THE EXEMPTION FOR WHICH YOU ARE APPLYING as of January 1</b></p> <p><input type="checkbox"/> City of Hampton Basic Homestead Exemption (H1) \$15,000</p> <p><input type="checkbox"/> City of Hampton Age Exemption (either applicant)  <input type="checkbox"/> Age 62 (H2) \$25,000    <input type="checkbox"/> Age 68 (H3) \$50,000</p> <p><input type="checkbox"/> Totally Disabled Homestead Exemption under 65 (H4) \$50,000</p> <p><input type="checkbox"/> Frozen Clause (H5) Properties 5-acres or less</p>		<p align="center"><b>Tax Year:</b> _____</p> <p><i>(Note: Select only one exemption from H1, H2, H3, or H4 and additionally select Frozen Clause (H5) if desired and your property is 5-acres or less in size.)</i></p>
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RESIDENCE INFORMATION		
1. Property address: <i>(attach copy of Warranty Deed)</i>	2. Property ID/Parcel #:	3. Date applicant(s) began to occupy property:
4. Is property your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Mailing address if different than property address:	6. How many houses on property?
7. Previous primary address:	8. What was the status of previous residence (select one): <input type="checkbox"/> Sold <input type="checkbox"/> Still own <input type="checkbox"/> Rented <input type="checkbox"/> Other/Explain	9. Date moved from previous residence:

ADDITIONAL PROPERTIES		
10. Does the applicant/spouse claim residency or exemption on any other property, in this or any another county/state? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Address(es) of other properties owned by the applicant/spouse:	12. <i>Letter from a tax office is required if the applicant /spouse owns property not located in City of Hampton (attach letter).</i>

APPLICANT INFORMATION		
	APPLICANT 1	SPOUSE OR APPLICANT 2
13. Name		
14. Date of birth		
15. Phone number		
16. Email address		
17. City and state of voter registration – <i>Must be registered in City of Hampton</i>		
18. <i>Attach</i> copy of vehicle registration – <i>Must be registered in Henry County</i>	Attach copies of all vehicle registrations	Attach copies of all vehicle registrations
19. <i>Attach</i> copy of Henry County Driver's License or ID	List number for each applicant:	List number for each applicant:
20. Marital status (married, divorced, never married, widowed) <i>Supporting documents must be submitted.</i>		
21. Spouse's name (if married)		
22. Active Military? <i>If yes, list your legal state of residence and attach a copy of your Leave and Earning Statement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No    Residence State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    Residence State: _____

I, the undersigned, do solemnly swear that the above statements are true and correct and I have submitted all required documents. I am a qualified applicant according to O.C.G.A §48-5-40 and the bona fide owner of the above-described property. I occupied said property as my primary residence as of January 1 of the year for which the exemption is claimed. I understand that making false or fraudulent statements is a misdemeanor and subject to penalties and fines per O.C.G.A. §48-5-51.

Applicant's Signature _____	Date _____	Applicant's Signature _____	Date _____
(Notary Public) _____		My Commission Expires: _____	