



**Form HHE-EZ: APPLICATION FOR CITY OF HAMPTON RESIDENTS WITH
CURRENT HENRY COUNTY HOMESTEAD EXEMPTION STATUS**



(EXISTING HENRY COUNTY HOMESTEAD EXEMPTION STATUS REQUIRED TO COMPLETE THIS APPLICATION)

If this application is denied, an appeal may be filed in accordance with O.C.G.A. §48-5-311.

I do hereby affirm that the information and statements contained herein are true and correct to the best of my knowledge. This application is submitted in support of my request for **City of Hampton** Homestead Exemption. Completion of this application does not guarantee City of Hampton Homestead Exemption to me as **the applicant** for the property located at:

(Street Address) (City) (Zip Code)

The above-described property is currently owned by _____
(Name of Property Owner)

I, **the applicant**, am legally entitled to receive the City of Hampton Homestead Exemption for the above-described property and **currently** receive the **Henry County Homestead Exemption**. I **reside at the above-described** property and **declare this to be my legal domicile** for which I am **currently** a registered voter in the City of Hampton.

I understand the Homestead Exemption Application for **the City of Hampton** is received based on my current **Henry County Homestead Exemption** status. I further understand that, by law, the Henry County Tax Assessor's Office must be notified in the event that the individual(s) who qualified for this exemption becomes deceased, no longer resides at or owns the subject property or otherwise becomes ineligible for the Homestead Exemption. If any of the information changes, I will furthermore inform the **City of Hampton** in writing of the change in the year the change occurs.

I, **the applicant**, am eligible as of January 1, 2024, and elect to apply for the following **City of Hampton (COH) Homestead Exemption**:
(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.)

- COH Basic Homestead Exemption (H1) \$15,000
- COH Age Exemption (either applicant) (H2) Age 62 - \$25,000 (H3) Age 68 - \$50,000
- Totally Disabled Homestead Exemption (H4) under Age 65 - \$50,000
- COH Frozen Clause (H5) Properties 5-acres or less

I understand that **Proof of Residence for City of Hampton** applicant(s) is required to determine the owner's eligibility for the exemption. When filing by mail or in person, provide a copy of the following items along with the application: **City of Hampton Voter Registration or GA Driver's License or Georgia ID**.

I declare that I do not receive a Homestead Exemption on any other property in Georgia or in any other state either individually or by virtue of a trust. I declare under penalty of perjury and other penalties of state and local laws that I am eligible to claim the **City of Hampton Homestead Exemption** available to homeowners within the City of Hampton.

Applicant 1 Name: _____ Date of Birth: ____ / ____ / ____
Spouse or Applicant 2: _____ Date of Birth: ____ / ____ / ____

Address: _____

Phone Number: _____ Email: _____

I do hereby swear or affirm under penalty of law that this information is true and correct to the best of my knowledge. (Note: Homestead fraud is a misdemeanor. Anyone filing a false or fraudulent claim for exemption shall be taxed at double the tax amount otherwise to be paid. (O.C.G.A. § 48-5-51 (3) (b)).

Applicant 1 Signature _____ Date _____

Spouse or Applicant 2 Signature _____ Date _____

(Notary Public) _____ My Commission Expires: _____

Applications must be received or postmarked by April 1

City of Hampton Homestead Exemption
17 E. Main Street South ♦ Hampton, Georgia 30228