

## NICK ELMORE JACKSON COUNTY ASSESSOR

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## HOMESTEAD EXEMPTION INFORMATION

PLEASE NOTE THAT THIS IS **NOT** A HOMESTEAD APPLICATION. This is information you will need to file for Homestead Exemption. Please fill this out and present it, along with the other required documents, to the deputy to file your application.

We must see your recorded deed or other recorded document proving your ownership to the property. Your recorded instrument must be acknowledged on or before January 1<sup>st</sup> and filed on or before January 7<sup>th</sup> of this tax year.

Applicant	Last Name	First	Middle	Social Security #	Date of Birth	
Spouse	Last Name	First	Middle	Social Security #	Date of Birth	
Physical Address				Phon	Phone #	
Mailing Ad	ldress					
Marital Sta	tus: Ma	rried	Widowed	Single D	ivorced Separated	
				ouse Are you acti e Roll; registration certif	ve military? Yes No icate is required)	
What was t	he <b>purchase p</b>	rice (Co	ontract Sales l	<b>Price</b> ) of your home?		
Do you and	l your spouse c	laim Mi	ssissippi as yo	our legal residence? Yes	s No	
Did you fil	e homestead a	nywher	e last year? _	If so, where?	· <u></u>	
possession.	ALL TAG N	<b>UMBE</b>	RS MUST BE	g numbers to all vehicle E JACKSON COUNTY E ARE NO EXCEPTION	s owned by you or in your  TAGS BEFORE YOU CAN ONS.	
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There are additional exemptions for which you may be eligible. If you or your spouse meet any of the following conditions as of January  $1^{st}$  of this tax year, you must provide proof.

- Age 65 or over (driver's license or birth certificate)
- 100% Disability (Social Security Awards letter or Benefits Planning Query printout from the Social Security Office, or 2 different doctor's letters stating total disability and expected duration of disability)
- 100% DAV (Bring car tag letter provided by the VA that states that you are 100% permanently and totally disabled due to service connected disabilities)

WE CANNOT HOLD APPLICATIONS FOR YOU TO PROVIDE INFORMATION AT A LATER DATE. ALL INFORMATION MUST BE PROVIDED AT THE TIME OF APPLICATION.