



Mississippi Homestead Application

Year County #

1. Name of Taxpayer Last, F, Mi _____ SSN _____ Municipality Code

2. Name of Spouse Last, F, Mi _____ SSN _____ School District Code

3. Physical Address of Taxpayer _____ City _____ State **MS** Zip _____

(SAMPLE)

4. **Exemption**
 1 - Regular 3 - S/RR Act Disabled
 2 - Over 65 4 - Dis. Plan
 5 - DAV
 6 - Combination Reg & Add
 DOB _____

5. **Marital Status**
 1 - Married
 2 - Widowed
 3 - Separated
 4 - Divorced
 5 - Single
 If Separated check the following:
 File joint income tax return Yes No
 Custody of minor child Yes No
 Occupy marital home Yes No

6. **Title**
 1 - Fee
 2 - Occ Joint
 3 - Non Occ Joint
 4 - Life Est.
 5 - Undiv Est
 6 - Lease Expires: _____
 7 - Trust

7. **Additional Use**
 1 - None
 2 - Rental
 # Rooms _____ or # Apts _____
 3 - Business
 Type _____
 Full-time business of owner?
 Yes No

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page#	DATE ACQUIRED
1.							
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owner(s) other than spouse. If undivided estate, list heirs.

1.	2.	3.
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner

11. Property was acquired by:

A. Inheritance (check one): without will _____ with will _____
 From (name): _____
 who was my (relationship): _____ Date of Death _____
 whose title was acquired by: Deed _____ Gift _____ Other _____
 Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed _____ Gift _____ Other _____
 From (name): _____
 Date filed with Chancery Clerk: _____
 If purchased, Section 27-33-21(f) and 27-33-31(l) require:
 Full Price \$ _____ Down Payment \$ _____

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes No

B. has/have complied with the income tax laws of this state. Yes No

C. has/have complied with the road and bridge privilege tax laws of this state. Yes No

Must furnish all tag numbers of privately owned vehicles in your possession.
 LIST TAG NUMBERS: _____

How many vehicles possessed? _____

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL _____ NONE _____ PART _____

Application is a : first time _____ renewal (no change) _____ replacement w/change _____

The applicant herein has, **IN PERSON**, attested to and signed this application before me, this the **(SAMPLE)** day of _____, 20____

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

(SAMPLE only)
 (usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(o)

DEPARTMENT OF REVENUE