

Account# _____

HOMESTEAD WORK SHEET ONLY

This is not an application

Owners Name (Last- First- Middle) **-Full Name-not initials**

Social Security Number

Spouse Name (Last- First- Middle) **-Full Name-not initials**

Social Security Number

valid proof of MS identification required (valid MS driver's license/valid MS picture identification card)

Physical Street Address

City

Zip

MAILING ADDRESS IF DIFFERENT FROM ABOVE: (Example - PO Box's)

Day Time Phone Number(s):

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In Accordance with State Law 27-33-63(2) you must be a legal resident of Mississippi and this is your primary home - you must comply with the Mississippi income tax laws - you must comply with the vehicle tax laws of Mississippi

All Automobile Tag #'s:

(your complete tag number is on your tag receipt- please bring in your current tag receipts)

Previous Address:

Physical Address/City/State/Zip

Owner() Rent() Sold() & When

Timeline

Are You Operating A Business in/or Out Of This Property Or Renting Rooms?

If Yes Please Describe:

Homestead Exemption Type: (Circle One)

1- Regular

3- SS/RR Act Disabled**

5- Disable Veteran**

2- Over 65**

4- DR Disability Plan**

6- Combination (Reg & Additional**)

DOB / /

you must provide this office with proof of disability or birth date in order to apply for any special exemptions

Marital Status on **"JANUARY 1st"**: (Circle one)

1- Married

2- widowed

3- Separated**

4- Divorced

5- single

**Separated - Answer the Next 3 Questions: 1-Do You File a Joint Income Tax Return with Your Spouse (YES/NO)

2-Is This The Marital Home (YES/NO)

3-Do You Have Custody Of A Minor Child (YES/NO)

Property Was Acquired From: (Look on your deed or lease for seller's name)

Previous Owner(s) Name

Deed Book

Page Number

Purchase/Acquired Date
(Month/Day/Year)

Recording Date
(Month/Day/Year)

Purchase Price: Look on your closing/settlement statement(HUD-1)-OR-closing disclosure(H-25B) Required Section 27-33-21(f) & 27-33-31(l)

Full Purchase Price: \$

Down Payment: \$

Filing Information: (Circle One)

1- Fee Title

2- Occupant Joint**

3- Non Occupant Joint**

4- Life Estate

5- Undivided Estate **

6- Lease Hold-Lease Expiration Date / /

7-Trust

Additional Owners**:

For Office Use Only:

Primary Parcel Number

Acreage

In City

Parcel Number

Acreage

In City

Joins Home/In 5 Miles

Parcel Number

Acreage

In City

Joins Home/In 5 Miles

Additional Space for Notes:

If Your Primary Home is a Mobile Home - you must certify in the Canton Office MH Cert#

Is This A Replacement with Change?

If Yes - Indicate The Old Homestead Account #