

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): () - () -

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 <small>(Month/Day/Year)</small>	/ / / Recording Date <small>(Month/Day/Year)</small>
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Purchase Price: (Look on your closing/settlement statement HUD-1 -or- H-25(B) 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 # _____