

**HOMESTEAD WORK SHEET ONLY**

Account# \_\_\_\_\_

*\*This is not an application\**

Owner's Name (Last- First- Middle) -Full Name-not initials \_\_\_\_\_

Social Security Number \_\_\_\_\_

Spouse Name (Last- First- Middle) -Full Name-not initials \_\_\_\_\_

Social Security Number \_\_\_\_\_

*Proof of Mississippi residency 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) \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

( ) - \_\_\_\_\_

( ) - \_\_\_\_\_

*In Accordance with Miss. Code 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 Numbers: \_\_\_\_\_

(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 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)

Name of Previous Owner(s) \_\_\_\_\_

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) Miss. Code 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 # \_\_\_\_\_