

HOMESTEAD WORKSHEET ONLY

Account# _____

This is not an application

Owner's Name #1 (Last- First- Middle)-Full Name-not initials _____ Social Security Number _____
Daytime Phone Number #1:(____) _____ - _____ Email: _____

Spouse's Name #2 (Last- First- Middle)-Full Name-not initials _____ Social Security Number _____
Daytime Phone Number #2:(____) _____ - _____ Email: _____

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 - P.O.Box) _____
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: _____ Sold() Rent() Owner() & When _____
Physical Address/City/State/Zip Timeline

Is any part of the land or dwelling rented or leased or used for a business?
If Yes Please Describe: _____

Homestead Exemption Type: (Circle One)
1- Regular 3- SS/RR Act Disabled** 5- Disabled Veteran**
2- Over 65** 4- DR Disability Plan** 6- Combination (Reg & Additional**)
DOB#1 ____/____/____ DOB#2 ____/____/____ ****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 _____ Recording Date _____
(Month/Day/Year) (Month/Day/Year)

Purchase Price: Look on your closing/settlement statement(HUD-1)-OR-closing disclosure(H-25B)
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 # _____