## **Jack Smith Lamar County Tax Assessor** Homestead Exemption Application Request Please Complete Questionnaire

|  |  | 2  |  |                      |  |
|--|--|--|--|----------------------|--|
| FULL NAME (AS ON DEED)                             |  | 2  | SOCIAL SECURITY NUMBER & DATE OF BIRTH |                      |  |
| 3  |  | 4  |  |                      |  |
| SPOUSE'S FULL NAME                                 |  |  | SPOUSE'S SOCIAL SECURITY NUMBER        |                      |  |
| NAME OTHER THAN SPOUSE(Relationship to Owner)      |  | -  | SOCIAL SECURITY NUMBER & DATE OF BIRTH |                      |  |
| 5  |  |  |  |                      |  |
| (A) YOUR CURRENT MAILING ADDRES                    |  |  | PHYSICAL ADDRESS                       |                      |  |
| 6. PHONE   |  |  | BUSINESS                               |                      |  |
| номе   |  |  | BUSINESS                               |                      |  |
| 7. IS THE PROPERTY YOU ARE                         |  |  |  |                      |  |
| (1) NEW RESIDENCE (RECENT CONSTRUCTION) (Need Cop. |  |  |  |                      |  |
| (3) MOBILE HOME                                    | (Need (  | Copy of \$35.00 Cer                        | tification Fee)                        |                      |  |
| 8. ARE YOU OR YOUR SPOUSE                          | THE SOLE OWNER (   | OF THE PROPE                               | RTY? YES N                             | O (Even if Financed) |  |
| IF YES, deed lea                                   | se — will —  | gift                                       |  |                      |  |
| 9. DO YOU LIVE ON THE PROP                         | ERTY? ——YES  | NO   |  |                      |  |
| IF SO WHEN DID YOU M                               | OVE IN2  |  | (DATE) Email                           |                      |  |
| 1 50, WILL DID 100 M                               | O I D II II  |  | (DITID) LITIAII                        | pr =                 |  |
| 10. ARE YOU AND/OR YOUR SPO                        | CARDO DOCUMENTA CONTRACTOR AND ADMINISTRATION OF THE STATE OF THE STAT |  |  |                      |  |
| (a) 100% DISABLED                                  |  | IF YES, NEED A LETTER FROM SOCIAL SECURITY |  |                      |  |
| (b) 65 OR OLDER                                    | - YES NO   | IF YES, NEED                               | A COPY OF DRIVERS LICENSES OR BI       | RTH CERTIFICATE      |  |
| (c) MILITARY                                       | YES NO   |  |  |                      |  |
| (b) 100% VA DISABLED ———                           | YES — NO   | IF YES, NEED A COPY OF CAR TAG LETTER      |  |                      |  |
| * STATE MANDATED MCA §2                            | 7-33-31  |  |  |                      |  |
| 11. PURCHASE PRICE OF HOME                         | CASH AMOUNT PAID   | OR DOWN PAYME                              | NT AMOUNT FINANCED                     | INTEREST RATE        |  |
| \$   | \$   |  | \$                                     | %                    |  |
| 12. LIST ALL PERSONAL VEHICI                       |  | •  | NDATORY FORREST COUNTY                 | )                    |  |
| 13. ARE YOU A LEGAL RESIDEN                        | T OF MISSISSIPPI?  | YES  | NO                                     |                      |  |
| 14. DO YOU FILE INCOME TAX                         | N MISSISSIPPI?   | YES  | NO                                     |                      |  |
| IF NO, WHAT STATE DO YOU                           | J FILE INCOME TAX  | IN?  |  |                      |  |
| 15. ARE YOU OR YOUR SPOUSE                         | FILING HOMESTEAI   | D IN ANOTHER                               | R LOCATION?YES                         | NO                   |  |
| 16. WHERE DID YOU FILE YOUR                        | LAST HOMESTEAD   | EXEMPTION2                                 | County or Street Loc                   | ation                |  |
| 17. UNDER WHAT NAME?                               |  |  |  | atioil               |  |
| THE ABOVE INFORMATION IS T                         | RUE TO THE REST O  | F MY KNOWI                                 | EDGE                                   |                      |  |
| THE ADOVE IN ORMATION IS TO                        | COL TO THE BEST O  | I WII KINOWE                               | DDGL.                                  |                      |  |
| DATE   | SIGNATURE OF OWNER ONLY  |  |  |                      |  |