

**** This form must be returned by December 31st ****

TAX EXEMPTION APPLICATION

TAX YEAR _____

PARCEL: _____ PPIN: _____

Name	Date of Birth
Mailing Address:	
Telephone Number:	

DO NOT COMPLETE BOTH PARTS. SIGNATURE IS REQUIRED REGARDLESS OF SECTION COMPLETED.

AGE & INCOME - Complete this section if you are over 65 years old & NOT disabled

****If applying for AGE & INCOME Exemption a copy of your tax documents must be provided for verification**

Did you file Federal Income Tax? Yes No
Income _____
Tax Year _____ Federal Taxable Income (FORM 1040 LINE 15) _____

Did you file Alabama Income Tax? Yes No
Income _____ State Adjusted Gross Income (FORM 40 LINE 10,
Tax Year _____ 40A LINE 7, or 40NR LINE 12) _____

I file income tax, but know I am above the income threshold of \$12,000. **I am aware this will grant me a homestead exemption, greater than that received by individuals less than 65 years old, but not a TOTAL exemption.**

DISABILITY - Only complete this section if you are disabled.

Name of Disabled Individual: _____

***Documents supporting disability exemption are required the first time you apply, then every 3 years.

Only ONE of the following forms of documentation is required.

- *2 Physician Letters. Physicians must be in different offices, and both operating in the state of Alabama to qualify.
- *Social Security Eligibility Letter. This can be printed from the web, or obtained at the office. It must state you are considered disabled.
- *Department of Veterans' Affairs Letter. Individual must be considered 100% disabled to qualify.
- *State of Alabama retirement documents. **Retired due to disability must be stated.**

Owner Signature: _____

Owner Signature: _____

FOR OFFICE USE ONLY

RECEIVED	PROCESSED BY	EXEMPTION CODE