

**HOMESTEAD EXEMPTION RECERTIFICATION FORM**

**COMPLETE ALL SECTIONS AND SIGN BELOW**

1. Person claiming the exemption \_\_\_\_\_
2. Parcel Number \_\_\_\_\_
3. Property Address \_\_\_\_\_
4. Were you the owner & occupant at this property October 1, 2012? YES \_\_\_ NO \_\_\_
5. Is residence a manufactured home? YES \_\_\_ NO \_\_\_

**PLEASE CHOOSE FROM 1 – 3 BELOW WHICH HOMESTEAD EXEMPTION YOU ARE APPLYING FOR**  
**AGE EXEMPTIONS**

1. Age 65 and older YES \_\_\_ NO \_\_\_
  - a. Person claiming the exemption date of birth \_\_\_\_\_  
(Attach supporting documentation; i.e., copy of driver's license, birth certificate, etc...)
2. If you answered YES to 1, is your income \$12,000 or less (Taxpayer and Spouse Net Taxable Income—Federal Tax Return)  
YES \_\_\_ NO \_\_\_
  - a. If you answered YES to 2, attach the most recent U.S. Federal Income Tax Return.
  - b. If no U.S. Federal Income Tax Return filed, equivalent income documentation must be provided.

**DISABILITY EXEMPTIONS**

3. Are you *retired* because of permanent and total disability? YES \_\_\_ NO \_\_\_
  - a. If your answer to 3 is YES, what qualifying documents have you attached to this form?
    1. Two (2) physician letters attached? YES \_\_\_ NO \_\_\_
    2. Social Security Administration documents attached? YES \_\_\_ NO \_\_\_
    3. Department of Veterans Affairs documents attached? YES \_\_\_ NO \_\_\_
    4. State of Alabama Retirement documents attached? YES \_\_\_ NO \_\_\_
    5. Department of Revenue Certification attached? YES \_\_\_ NO \_\_\_
    6. Private Company Disability Annuity documents attached? YES \_\_\_ NO \_\_\_
    7. Other \_\_\_\_\_ YES \_\_\_ NO \_\_\_
  - b. Is your Income \$12,000 or less (Taxpayer and Spouse Net Taxable Income—Federal Tax Return) YES \_\_\_ NO \_\_\_
    1. If you answered YES to 3b, attach the most recent U.S. Federal Income Tax Return.
    2. If no U.S. Federal Income Tax Return filed, equivalent income documentation must be provided.

**I HEREBY AFFIRM THAT THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**HOMEOWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_