

## **City of Roswell**

## Application for Homestead Exemption for 100% Disabled Veterans

Applicants must apply between January 1 and June 1 of the tax year.

(Please print all answers)

Name:	Phone:	
Property Address:	Parcel#	::
1. Claimant's Date of Birth:	GA Driver's License	#:
2. Is the property in this application the san Exemption application? ☐ Yes ☐ No		ulton County Homestead
3. Do you occupy and reside in such Homest	ead? □ Yes □ No	
4. Please attach proof that you are a 100% granted to a disabled veteran under the		-
Affi I, the undersigned claimant (or authorized agent) in support of this application are true and correct occupied my residence as of January 1 of the year	, that I am the bona fide owner	r of the property and have
Homestead Claimant Signature:		
Sworn to and subscribed before me this	day of	, 20
Notary Public:		
My commission expires: (Seal)		