



# \$10,000 Disability Exemption Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Dear Taxpayer:**

Enclosed is an application for the \$10,000 Disability Homestead Exemption available to disabled homeowners who qualify for a regular Homestead Exemption and meet the income requirements. We have filled in the information available to us. Please read carefully the legal requirements as stated on the application. Please fill in your social security number and daytime phone number. You must complete all information requested, sign and date the application in order for your application to be processed.

## **Instruction for the Physician:**

In accordance with **Georgia Laws 1992 P.6237, Act No. 975 (SB 858)**, in order to qualify for the City of Powder Springs \$10,000 Disability Exemption, the applicant must submit a Certificate of Disability from a licensed Georgia physician typed/printed on his/her letterhead which must include the applicant's name, current date and must certify that the applicant is "mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is likely to be permanent."

If you need assistance or have further questions, please write to City of Powder Springs, P.O. Box 46, Powder Springs Georgia; or call (770) 943-1666.

Sincerely,

Finance Director  
Enclosure



## Oath of Taxpayer

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street Number) (Street Name)

Social Security: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

### Instructions:

1. Attach the following to this application:
  - a. Certificate of Disability
  - b. Georgia Income Tax Form 500 (to include Schedule 1, page 2)
  - c. W-2 Forms from the most recent taxable year
2. Read, sign and date the bottom of this application
3. Return all completed forms to City of Powder Springs, Tax Department, 4484 Marietta Street, Powder Springs GA 30127

### Legal Requirements:

The applicant must own, occupy and claim this property as a legal residence on the first day of January of the year in which the application is being filed.

A Certificate of Disability must be provided by a licensed Georgia physician typed/printed on his/her letterhead to include the applicant's name and current date. The certificate must certify that the applicant is "mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity if likely to be permanent" (in accordance with **Georgia Laws 1992 P.6237, Act No. 975 [SB 858]**).

Combined net income of the applicant and spouse residing at the same homestead may not exceed \$15,000 for the most recent taxable year for income tax purposes, including retirement/survivor/disability income.

### Oath of Taxpayer:

In accordance with the provisions of the State Constitution and the laws authorizing disability homestead exemption, I do hereby make application to the Tax Department for the City of Powder Springs Georgia and so solemnly swear that I am the bona fide owner of the property in question and that all statements made in support of the application are true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director's Signature

Sworn and subscribed to before me on this date \_\_\_\_\_, 20\_\_\_\_\_