

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

**TAX EXEMPTION APPLICATION**

TAX YEAR \_\_\_\_\_

PARCEL: \_\_\_\_\_ PPIN: \_\_\_\_\_

Name:		Date of Birth:
Name:		Date of Birth:
Mailing Address:		
Email 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 taxable 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/Agent Signature: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIVED	PROCESSED BY	EXEMPTION CODE
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