

Hall County Tax Assessment Administration
P.O. Box 2895/300 Henry Ward Way/ Joint Administration Bldg. Room 203
Gainesville, Georgia 30501
770-531-6720/FAX 770-531-3968
www.hallcounty.org

HOMESTEAD EXEMPTION APPLICATION

Name of property owner/applicant _____

Physical Address of property _____

Signature of owner/applicant _____

Date _____

Phone Number _____

E-mail address _____

If your property was purchased during the preceding calendar year please indicate the previous owners name if available

In accordance with OCGA 48-5-44, I hereby certify that by signing this document I am the legal owner of this property on January 1 of the tax year I am applying for the Homestead Exemption and furthermore was occupying same said property as my primary residence on January 1. I furthermore declare that I am only claiming homestead on one single piece of real estate property in the state of Georgia.

****You may either mail this application to P.O. Box 2895 or Fax to 770-531-3968 ****
ANY APPLICATIONS RECEIVED AFTER APRIL 1 WILL BE APPLIED TO THE NEXT CALENDAR YEAR TAX RECORDS.

A receipt of your application will be mailed to you.