

# CITY OF ALPHARETTA

## SENIOR HOMESTEAD EXEMPTIONS

Several types of senior homestead exemptions have been enacted to reduce the burden of ad valorem taxation. To qualify property owners must own and occupy their home as primary residence as of January 1. Applications for homestead exemptions may be submitted any time during the year. However, in order to be eligible for the current tax year, property owners filing homestead applications must apply by April 1. Applications received after April 1 will be eligible to receive the exemption the following year. Property owners already receiving the exemption need not reapply unless there is a change in ownership, deed, or applying for an additional exemption. The City of Alpharetta offers the following senior homestead exemptions:

### SENIOR BASIC HOMESTEAD

A \$25,000 - Reduction to the assessed value of the property with improvements (home)

#### Eligibility Requirements:

- 65 years or older as of January 1 of the year for which the application is filed.
- Own, occupy and claim the property as your legal and primary residence on January 1 of the year in which you first qualify for the exemption.
- Individual(s) applying for the exemption must be listed on the deed.
- Current registration for all vehicles of owner and spouse. (Registration must show Alpharetta address.)
- Copy of Georgia Driver's License or GA ID (The address on the license/ID must match the address on application)

**SENIOR BASIC HOMESTEAD EXEMPTION WILL ROLL FORWARD FROM YEAR TO YEAR; HOWEVER, YOU MUST REAPPLY IF ANY CHANGES ARE MADE TO YOUR DEED.** You must notify the City if the listed owner(s) of the property changes.

### FULL VALUE HOMESTEAD EXEMPTION

A 100% Reduction to the assessed value of the property with improvements (home) to residents who meet certain income requirements.

#### Requirements:

- 70 years or older as of January 1 of the year for which the application is filed.
- Own, occupy and claim the property as your legal and primary residence on January 1 of the year in which you first qualify for the exemption.
- Individual(s) applying for the exemption must be listed on the deed.
- Adjusted Gross Income as defined by the Internal Revenue Code of the individual and spouse shall not exceed the maximum amount which may be received by an individual and spouse under the Social Security Act. For 2020, the maximum amount is \$72,264.
- Proof of age and income must be presented
  - Copy of Georgia Driver's License or GA ID (The address on the license/ID must match the address on application)
  - Current State and Federal Tax Returns
- Current registration for all vehicles of owner and spouse. (Registration must show Alpharetta address.)

**FULL VALUE HOMESTEAD EXEMPTION WILL ROLL FORWARD FROM YEAR TO YEAR. HOWEVER, YOU MUST REAPPLY IF ANY CHANGES ARE MADE TO YOUR DEED. You are also required to notify the City if your income increases from the amount noted at the time of your original application. The City may contact you annually to verify your income information.**

# CITY OF ALPHARETTA

## Senior Homestead Exemption Application Form

Applications for senior homestead exemptions may be submitted any time during the year. However, in order to be eligible for the current year, property owners filing homestead applications must apply by April 1 of each year. Applications received after April 1 will become eligible the following year. Property owners already receiving the exemption need not reapply.

<b>Effective Year of Application</b> _____
<b>Parcel ID#</b> _____
<b>Account#</b> _____

<b>Name of Claimant/Owner</b> _____	
<b>Property Address</b> _____	
<b>Mailing Address</b> _____	
<small>(if different from property address)</small>	
<b>Age of Applicant</b> _____	<b>Birthdate</b> _____
<b>Age of Spouse</b> _____	<b>Birthdate</b> _____
<small>(if applicable)</small>	
<b>Date of Acquisition</b> _____	
<b>Prior Owner</b> (if applicable)_____	<b>Email</b> _____

### B. Title Held:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sole owner<br>One Owner  | <input type="checkbox"/> Joint Tenants<br>Ownership by two Persons | <input type="checkbox"/> Tenants in Common:<br>Owners who each own half of an undivided estate |
| <input type="checkbox"/> Life Estate:<br>Freehold estate giving a beneficiary all property rights except the right to sell. | <input type="checkbox"/> Other                                     |  |

**C. Mortgage Holder** \_\_\_\_\_  
\_\_\_\_\_

### D. Exemptions Applied For (Use attached description sheet) Please check the appropriate box:

Age 65 or Older  
Skip page 3

Regular Exemption \$25, 000

Age 70 or Older and has disclosed all income information as required and who meet certain income requirements as determined by the State of Georgia

Page 3 required

Full Value Exemption

(All required documentation must be attached to the application to be considered for qualification.)

# CITY OF ALPHARETTA

## Senior Homestead Exemption Income Summary

Please complete this form if applying for Senior Full Homestead Exemption ONLY.

Customer's Name: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**1) List of all annual income (gross amounts) received by you and your spouse:**

Social Security \_\_\_\_\_  
Pension \_\_\_\_\_  
Retirement \_\_\_\_\_  
Railroad Pension \_\_\_\_\_  
VA Disability \_\_\_\_\_  
Other Pension, Retirement or Disability Income not listed above: \_\_\_\_\_

**2) List all other income (gross amounts) received by you and your spouse:**

Employment  
(ie: Wages, commissions, bonus and benefits) \_\_\_\_\_  
Interest Income \_\_\_\_\_  
Dividend Income \_\_\_\_\_  
Gain or Sale from Property \_\_\_\_\_  
Other Income not listed above:  
(ie: Business, rental, annuities, alimony and royalties) \_\_\_\_\_

**TOTAL ANNUAL INCOME:**

Total Add item 1 and 2 above: \_\_\_\_\_

State and Federal Tax Returns must accompany application

**CITY OF ALPHARETTA**  
**Senior Homestead Exemption Application**

I, the undersigned claimant, do hereby state that the information given in support of this application is true and correct. I am the owner of said property and have occupied the residence at

\_\_\_\_\_ (street address)

\_\_\_\_\_

January 1, \_\_\_\_\_ (enter applicable tax year).

I have submitted all required legal proof of my age and disclosed all income information necessary to process this application. There has been no transaction made in collusion with another for the purpose of obtaining any tax exemptions contrary to law.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Alpharetta Approval

**Documentation Checklist:**

- Georgia Driver's License or GA ID**
- Current registration for all vehicles of owner and spouse  
(Registration must show Alpharetta address)**
- Current Federal and State Tax Returns (Senior Full Exemption Only)**

Notices of approval or disapproval will be mailed to applicants in August or early September of the year for which you have applied.

**CITY OF ALPHARETTA  
SENIOR, DISABILITY, OR SPECIAL NEEDS APPLICATION FOR SANITATION**

The City of Alpharetta offers the following sanitation fee reduction, exemption and/or additional service to assist seniors and customers with disabilities and/or special needs. Please check the appropriate category below and provide the listed documentation. Applicant must also attach a copy of one of the following as proof of age and residence: Driver's License or Identification Card (address must match the information provided below).

Customer Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (Zip code)

Form/Documentation Submission:  
 email: [utilities@alpharetta.ga.us](mailto:utilities@alpharetta.ga.us)  
 mail/in-person:  
 City Hall  
 2 Park Plaza  
 Alpharetta, GA 30009  
 Questions? (678) 297-6060

SENIOR REDUCED FEE: \$36.24 every three months

The City provides up to a 50% sanitation fee reduction for customers that are the primary wage earner and 65 years and older. The following information is required:

Applicant's Date of Birth: \_\_\_\_\_

DISABILITY AND/OR SPECIAL NEEDS REDUCED FEE AND BACKDOOR PICK-UP SERVICE:  
 \$36.24 every three months

The City provides up to a 50% sanitation fee reduction and backdoor pick-up service for customers with disabilities and/or special needs that prevents them from placing the pickup carts/bins curbside. Proof of disability must be provided via one of the following:

- Department of Public Safety Handicap I.D. card;
- Disabled Veterans I.D. card; or
- Letter from personal physician stating disability on professional letterhead.

\_\_\_ I request the disability and/or special needs fee reduction; and/or

\_\_\_ I request the backdoor pickup service.

SENIOR, DISABILITY, AND/OR SPECIAL NEEDS EXEMPTION: Full Exemption (\$0 Fee)

Primary wage earner who is a senior (65 years and older), disabled, or has special needs, may qualify for a full exemption from sanitation collection fees if their combined total income is equal-to, or less-than, the established poverty level as established by the United States Government. Please provide the following information:

Total annual income (less Social Security benefits) of Primary Wage Earner.

\$ \_\_\_\_\_

Total annual income (less Social Security benefits of Spouse, if living in the same household) of Primary Wage Earner:

\$ \_\_\_\_\_

The undersigned certifies, under penalty of law that the information provided above and given in support of this application is true and correct.

**Applicant Signature:** \_\_\_\_\_

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

(Rev. 031820)

**\*\*\*Application for sanitation senior discount will be effective the NEXT billing cycle. \*\*\* Seniors 65 or over may also qualify for certain property tax exemptions. Please contact the City of Alpharetta at 678-297-6060 (option 0) for more information.**



APPLICATION FOR BACKDOOR PICKUP

Customer Name: \_\_\_\_\_
Account #: \_\_\_\_\_ Customer # \_\_\_\_\_
Street Address: \_\_\_\_\_
(City) (State) (Zip code)
Daytime Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Form/ Documentation Submission
Attn: Backdoor Service
Email: utilities@alpharetta.ga.us
Mail: City of Alpharetta
2 Park Plaza
Alpharetta, GA 30009
Questions? (678) 297-6060

I hereby certify that I am unable to push the garbage and recycling containers to the curb for collection due to a physical impairment and that there is no one who resides with me that can do so. I will be responsible and required to have household garbage and recycling items placed inside the carts in secured/ ties plastic bags for collection on the scheduled day of pickup. Location of the carts shall be visible from the sanitation collection route and completely accessible by Republic.

Customer Signature: \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

Please Check one:

- I certify that I live alone and do not have anyone to assist in placing the cart(s) out.
I certify that there are other person(s) living in the household and each person is disabled.

Physician Statement:

I hereby certify the above-mentioned individual(s) is/are disabled and is physically unable to push the garbage and recycling carts to the street for collection. Please check one of the following:

- Permanently Disabled
Temporarily Disabled Until \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Office Phone #: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public

My Commission expires

For Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_
City of Alpharetta Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Comments: \_\_\_\_\_