



# IRVIN J. JOHNSON - DEKALB COUNTY TAX COMMISSIONER

## 2025 APPLICATION FOR BASIC HOMESTEAD EXEMPTION AND ASSESSMENT FREEZE

Mailing Address: P.O. Box 100004 Decatur, GA 30031-7004		Physical Address: 4380 Memorial Drive, Suite 100 Decatur, Georgia 30032		Web Address: www.dekalbtax.org (404) 298-4000 (404) 298-3104 FAX	
PARCEL I.D.	PIN #	LOCATION OF PROPERTY		TAX DISTRICT	DATE

MAKE ADDRESS CORRECTIONS IN THIS AREA IF NECESSARY:

Owner \_\_\_\_\_  
 Co-Owner \_\_\_\_\_  
 St. Addr. \_\_\_\_\_  
 Apt./Suite \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### \*\*\* APPLICATION MUST BE RECEIVED BY APRIL 1 \*\*\*

By completing the application below, you are applying for the Basic Homestead Exemption and Property Assessment Freeze. The Property Assessment Freeze will offset any future increase in property value for the county portion of your bill, but does not affect school, city, or state taxes. Qualification requires that you must own and occupy the property as of January 1, 2025, as your primary domicile and legal residence for all purposes, which includes the registration of your vehicles and filing of your state income taxes. Exemptions are not automatically granted. Special exemptions are available if you are over age 62, permanently and totally disabled, 100% military service connected disabled or their un-remarried spouse, or the un-remarried spouse of a peace officer or firefighter killed in the line of duty. Special exemptions must be applied for in person. Once approved, the exemption remains in effect as long as you own and reside in your home subject to periodic audits to verify continuing eligibility.

PLEASE COMPLETE APPLICATION IN CAPITAL LETTERS

**Applicant #1 Information** Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ GA Drivers License \_\_\_\_\_ Date of Birth \_\_\_\_\_ U. S. Citizen? \_\_\_\_\_ If no, Registration Number \_\_\_\_\_  
M M D D Y Y Y/N

**Applicant # 2 Information** Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ GA Drivers License \_\_\_\_\_ Date of Birth \_\_\_\_\_ U. S. Citizen? \_\_\_\_\_ If no, Registration Number \_\_\_\_\_  
M M D D Y Y Y/N

Relationship of Applicants \_\_\_\_\_ Will/Did you own and reside in this home on January 1, 2025? \_\_\_\_\_  
Y/N

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Y/N

Are you in military service? \_\_\_\_\_ If yes, legal state of residence? \_\_\_\_\_ Number of Vehicles \_\_\_\_\_ County where registered \_\_\_\_\_  
 Tag 1 \_\_\_\_\_ Tag 2 \_\_\_\_\_ Tag 3 \_\_\_\_\_ Tag 4 \_\_\_\_\_  
Y/N County / State \_\_\_\_\_

Are you claiming homestead on any other property? \_\_\_\_\_ If yes, list County and full address \_\_\_\_\_  
 Address of other property with homestead \_\_\_\_\_

E-mail address you may be reached at: \_\_\_\_\_

Under Georgia law, it is a **misdemeanor** to make false or fraudulent claim for exemption. Persons guilty of fraudulent claims will be subject to taxation in an amount double the tax otherwise due.

I, the undersigned, hereby request registration of my vehicle(s) at the above address, and do solemnly swear that the statements made in support of this application are true and correct; that I am the bona fide owner of the property described in this application; that I actually occupied/will occupy this property on January 1st of the year for which this application is made; that I am an eligible applicant for the exemption applied for, qualifying or meeting the definitions of the word "applicant" as defined by O.C.G.A. 48-5-40; that I request any existing homestead exemptions be removed from other properties; and that no transaction has been made in collusion with another for the purpose of obtaining a homestead exemption contrary to the law. Furthermore, I also understand that at anytime I become ineligible for this Homestead Exemption, it is my duty to notify the Tax Commissioner of the change in my residency status.

Please sign, date and return this application by certified mail to insure proof of filing or apply online at [www.dekalbtax.org](http://www.dekalbtax.org)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee \_\_\_\_\_  
M M D D Y Y