

Alabama Department of Revenue - Property Tax Division

Regular Homestead Exemption Claim Affidavit

You may complete this form and send it to your county tax assessing official's office to claim the homestead exemptions under Section 40-9-19 (a)(1), (b), and (c) of the *Code of Alabama 1975*. These exemptions may also be claimed in person at your local office. If you are over the age of 65, blind, or permanently and totally disabled, you may qualify for a greater homestead exemption which must be initially claimed in person.

Section 1 - Property Information

County Name: _____

Parcel Number:

		-			-			-			-			.			
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Physical Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Mailing Address: Same as above? Yes No; please complete the section below:

(Street Address)

(City)

(State)

(Zip Code)

Section 2 - Ownership Information

Owner Name(s) as Deeded: _____

Date of Purchase/Conveyance: _____

(Month / Day / Year)

Date of 1st Occupancy: _____

(Month / Day / Year)

Section 3 - Claim of Regular Homestead Exemption

I hereby claim the homestead exemptions provided by Section 40-9-19 (a)(1), (b), and (c) of the *Code of Alabama 1975*. I affirm that I, as owner, began occupying the property described above as my primary residence on the date of first occupancy as specified above. I also attest that I have no active homestead exemptions for any other property in this or any other county or state. Further, I understand that knowingly and willfully giving false information for the purpose of claiming a homestead exemption or for the purpose of assisting another person to claim a homestead exemption is punishable by penalty of twice the amount of any ad valorem tax which would have been due, retroactive for up to 10 years plus interest at a rate of 15 percent per year from the date the tax would have been due.

Signature: _____

(Owner)

Date: _____

Printed Name: _____

Sworn and subscribed before me on this _____ day of _____ 20____.

Seal: _____

Signature Notary Public: _____

Commission Expires: _____

(Month / Day / Year)