



**GILMER COUNTY AFFIDAVIT FOR HOMESTEAD EXEMPTION**  
WHERE PROPERTY IS OWNED BY A TRUST

I do hereby swear or affirm that the information and statements contained herein are true and correct to the best of my knowledge. This Affidavit is submitted in support of my request that the Board of Tax Assessors of Gilmer County grant a **Homestead Exemption** to me as the applicant and beneficiary of the trust for the property located at:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Address) (City) (Zip)

The above described property is currently owned or title vested in:

\_\_\_\_\_  
(Name of Trust)

The deed for such property is recorded in Gilmer County Clerk of Superior Court,

Deed Book \_\_\_\_\_, Page \_\_\_\_\_, dated \_\_\_\_\_.

**I, the applicant, am the beneficiary or trustee** of the above named Trust and the party legally entitled to receive the Homestead Exemption for the above described property. **I resided at the above described property on January 1 of the year for which this application is made and declare this to be my legal domicile.**

I understand Homestead Exemption will be granted or denied based on the statements contained herein and those on the **Gilmer County Application for Homestead Exemption Application**. I further understand that, by law, the Gilmer County Board of Assessor's Office must be notified in the event that the individual(s) who qualified for this exemption becomes deceased, no longer resides at or owns the subject property or otherwise becomes ineligible for the Homestead Exemption. If any of the information changes, I will see to it that the Gilmer County Board of Assessor's Office is notified in writing of the changes in the year the change occurs.

**I declare that I do not receive a Homestead Exemption on any other property in Georgia or in any other state either individually or by virtue of a trust. I declare under penalty of perjury and other penalties of state and local laws that I am eligible to claim the state and local Homestead Exemption available to homeowners.**

Applicant's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I do hereby swear or affirm under penalty of law that this information is true and correct to the best of my knowledge. (Note: the making of false and/or fraudulent statements may subject one to criminal prosecution under applicable provisions of Georgia law, including but not limited to O.C.G.A. 16-10-20, which upon conviction carries a fine of not more than \$1,000 or imprisonment of one to five years, or both.)

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Notary Public)

My Commission Expires: