

HOPKINS COUNTY HOMESTEAD APPLICATION

NAME _____ Beginning Year: _____

ADDRESS _____ COMMENTS _____

CITY _____ ZIP _____

MAP # _____ ACCOUNT # _____

Applicant(s):	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, hereby affirm under penalty of perjury that I (we) am (are) the owner(s) of the property listed above, that the property is maintained as the personal residence of those listed above, that I (we) occupied (will occupy) the property on 01 January for the year in which the exemption is sought and subsequent years, and that all information on this form is true and correct.

Signature of Applicant

Date

File: W:HEXApplications