

**AFFIDAVIT FOR FAYETTE COUNTY  
DISABLED HOMESTEAD EXEMPTION**

**Print or type the following:**

**This form must be completed and returned to the Tax Commissioner's  
Office by April 1**

<b>Taxpayer</b> _____	<b>Doctor</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>City/State</b> _____	<b>City/State</b> _____
<b>Phone No</b> _____	<b>Phone No</b> _____
<b>SS #</b> _____	
<b>Parcel #</b> _____	<b>License #</b> _____

**Under Georgia law known as Act 174, (House Bill #780) passed by the Georgia Assembly and enacted into law and signed by the Governor on March 20, 1985, certain disabled citizens of Fayette County, Georgia may apply for exemption from all or part of Fayette County school taxes if qualified as follows:**

- 1. The taxpayer must own and occupy the homestead property on January 1st of each year, and**
- 2. The property owner is PERMANENTLY AND TOTALLY disabled, and**
- 3. In the case of total exemption from Fayette County school taxes, the property owner provides evidence that their taxable Georgia income is less than \$15,000, and**
- 4. The property owner provides affidavits from up to two doctors attesting to their disability.**

**DOCTOR'S AFFIDAVIT**

**Under the penalties provided by Georgia law, I \_\_\_\_\_, am a licensed Georgia physician, and do hereby attest that the property owner named in this affidavit is under my care and is TOTALLY AND PERMANENTLY disabled, unable to pursue gainful employment.**

\_\_\_\_\_  
**Doctor's Signature**

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