JANET BUSKEY
REVENUE COMMISSIONER

ALLYSON HOLLAND
CHIEF CLERK

MONTGOMERY COUNTY
REVENUE COMMISSIONER'S OFFICE

P.O. Box 1667
Montgomery, AL 36102-1667
Phone: (334) 832-1250 Fax: (334) 832-1644 website: www.mc-ala.org

Owner's Name
Address

Account #
Parcel #

APPLICATION FOR EXEMPTION

Under ACT #48 & 91, 1978 Legislature and ACT #579-1981 Legislature, I do solemnly swear (or affirm) that I am over 65 or I am totally & permanently disabled, and am the head of the household. This is my principle residence and is a single family residence which I own and occupy.

I HEREBY CERTIFY AND ATTEST THAT: (Please check all that apply)

☐ 1. I am 65 years of age or older. My date of birth is _____

☐ 2. I am totally and permanently disabled. Documentation required from physician. (If this is checked, do not answer further, sign below and return form with required documentation).

☐ 3. Neither I nor my spouse was required to file a STATE and/or FEDERAL INCOME TAX RETURN last year. (If this is checked, do not answer further; sign below and return form.)

☐ 4. I (including spouse) was required to file a STATE and/or FEDERAL INCOME TAX RETURN last year. Check A, B, or C below:

- ☐ A. $7,500 or less of Federal Taxable Income (Do not answer further; sign below and return). A copy of Federal Income Tax Return required.
- ☐ B. Over $7,500 of Federal Taxable Income but less than $12,000 of State Adjusted Gross Income. A copy of State Income Tax Return required. Sign form and return.
- ☐ C. Over $12,000 of State Adjusted Gross Income and over $7,500 of Federal Taxable Income. No documentation required. Sign form and return.

_____
HOMEOWNER'S SIGNATURE DATE

_____
WITNESS DATE

TELEPHONE NUMBER _____

FORM MUST BE COMPLETED, SIGNED, & RETURNED BY DECEMBER 31ST.