

Name on Tax Roll \_\_\_\_\_ Parcel Number \_\_\_\_\_

**CHARLES E. STOKES**

**HINDS COUNTY TAX ASSESSOR**

P.O. BOX 22908

JACKSON, MS 39225-2908

(601) 968-6617 OFFICE (601) 968-6593 FAX

Proof of Residency

**(This form must be filled out by taxpayer)**

The following information **must** be filled out to file for the **10% Assessment Classification**:

- 1. Year filing for: 20\_\_\_\_\_ Phone #: \_\_\_\_\_
- 2. Location address of property: \_\_\_\_\_
- 3. Mailing address: \_\_\_\_\_
- 4. Relationship of owners, if jointly owned: \_\_\_\_\_
- 5. Do all owners live in the home? \_\_\_\_\_ 6. Move in date: \_\_\_\_\_
- 7. Social security number(s) of all occupying owners: \_\_\_\_\_
- 8. Tag number(s) of all vehicles registered for all occupying owners: \_\_\_\_\_

**A copy of the following must be submitted with this form:**

**1. Your current light bill**

*\*must show usage bar for **January** of the year in which you are applying*

*\*mailing address and service address must match*

**2. A copy of applicant's driver's license or identification card**

*\*address on driver's license or identification card must be the same as property address*

**I SOLEMNLY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Assessor's Signature

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