

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

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% 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 home? \_\_\_\_\_. 6. Move in date: \_\_\_\_\_.
7. Social Security number(s) of all occupying owners: \_\_\_\_\_.
8. Tag number(s) of all occupying owners: \_\_\_\_\_.

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

1. Your current light bill.
2. A copy of applicant's driver's license or identification card.

**I, SOLEMNLY SWEAR, THAT THE ABOVE INFORMATION IS TRUE & CORRECT**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Assessor Signature

**FOR OFFICE USE ONLY**

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