

**Itawamba County Assessor**  
**Tami Beane**

Post Office Box 158  
Fulton, MS 38843  
Phone: 662-862-7598  
Email: [tassessor@itawamba.gov](mailto:tassessor@itawamba.gov)

**HOMESTEAD APPLICATION INFORMATION:**

Name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_  
SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Marital Status- Married ( ) Widowed ( ) Single ( ) Divorced ( ) Separated ( )  
Date of birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\*Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_  
**Car Tag Numbers:** \_\_\_\_\_

Property Purchased from: \_\_\_\_\_  
Total Purchase Price \$ \_\_\_\_\_ **(required)**

**Loan Information, if applicable**

Name of Financial Institution \_\_\_\_\_ AMT PAID DOWN: \$ \_\_\_\_\_  
Terms of payment: \$ \_\_\_\_\_ per \_\_\_\_\_ INTEREST RATE \_\_\_\_\_

PLEASE RETURN THIS FORM TO OUR OFFICE BY **MARCH 16<sup>TH</sup>** SO THAT IT CAN BE PROCESSED **BY APRIL 1<sup>ST</sup>** DEADLINE. YOU MAY EMAIL THIS INFORMATION TO [TASSESSOR@ITAWAMBA.GOV](mailto:TASSESSOR@ITAWAMBA.GOV) AND WE WILL CALL YOU TO COME SIGN THE COMPLETED APPLICATION.

**WE ARE NOW LOCATED AT 304 W WIYGUL ST, BEHIND S & W PHARMACY.**