

LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION
(Property Must Be Homestead Exempt to Qualify)

PERMANENT APPLICATION

Applications must be filed prior to June 1st.

OWNER'S FULL NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

OWNER'S BIRTH DATE: ___/___/___ OWNER'S SOCIAL SECURITY NUMBER: _____

OWNER'S TELEPHONE NUMBER: _____

(IF MARRIED) SPOUSE'S NAME: _____
(Last or Maiden Name) (Middle Name) (First Name)

SPOUSE'S BIRTH DATE: ___/___/___ SPOUSE'S SOCIAL SECURITY NUMBER: _____

Adjusted Gross Income for the Year Prior to Application: \$ _____

Note: If Husband and Wife, incomes MUST be combined if filing separately

Have there been any ADDITIONS to or CONSTRUCTION on the property in the last year?

YES NO

If yes, provide total cost: \$ _____

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

THE SPECIAL ASSESSMENT APPLICATION, IF GRANTED, IS VALID UNTIL THE PROPERTY IS SOLD.

IN THE EVENT THE PROPERTY IS SOLD, THE SPECIAL ASSESSMENT LEVEL SHALL TERMINATE ON THE LAST DAY OF DECEMBER IN THE YEAR PRIOR TO THE YEAR THE PROPERTY IS SOLD.

I HAVE READ THE ABOVE INFORMATION AND CERTIFY THAT THE INFORMATION REGARDING MY PERSONAL QUALIFICATIONS IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS FOR THE PURPOSE OF PROCURING A SPECIAL ASSESSMENT LEVEL AS PROVIDED FOR IN THE ARTICLE VII, SECTION 18(G) OF THE CONSTITUTION OF THE STATE OF LOUISIANA.

OWNER'S SIGNATURE

WITNESS

DATE

ASSESSOR'S OFFICE USE ONLY:

ASSESSMENT #: _____

PIN #: _____

PROCESSED BY: _____

LAND VALUE: _____

IMPROVEMENT VALUE: _____

DATE: ___/___/___