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

Preference: ___ Senior Citizen ___ Veteran ___ Disabled

OWNER'S NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

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

Note: You MUST bring a State issued pictured ID

OWNER'S TELEPHONE NUMBER: _____

(IF MARRIED) SPOUSE'S NAME: _____

(Last or Maiden) (First) (M.I.)

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

You MUST bring the original of your previous year's income tax form.

Veteran Preference Proof: _____ *(You MUST Bring with you)*

Disabled Preference Proof: _____ *(You MUST Bring with you)*

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 FOR SENIOR CITIZENS, IF GRANTED, IS VALID UNTIL THE PROPERTY IS SOLD. THE SPECIAL ASSESSMENT APPLICATION FOR DISABLED VETERANS OR DISABLED INDIVIDUALS MUST BE RENEWED YEARLY. _____ INITIAL

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 #: _____ LAND VALUE: _____

PIN #: _____ IMPROVEMENT VALUE: _____

PROCESSED BY: _____ DATE: _____