

LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION
(Property must be Homestead Exempt to Qualify)

Preference (check one): Senior Citizen Disabled Veteran Service Widow

Owner's Name: _____

Mail Address: _____

Property Address: _____ Phone #: _____

Owner's Birth Date: _____ Owner's Social Security #: _____

(if married) Spouse's Name: _____

Spouse's Birth Date: _____ Spouse's Social Security #: _____

Adjusted Gross Income for the YEAR PRIOR to Application: \$ _____

Note: If married, incomes MUST be combined if taxes were filed separately.

ITEMS TO BRING WITH YOU

if applying as a Senior Citizen

____ Driver's License
____ Last Year's federal tax return (for you and your spouse, if married)

if applying as a Disabled Individual

____ Driver's License
____ Last Year's federal tax return (for you and your spouse, if married)
____ Letter of Determination of Disability from Social Security

if applying as a Veteran or Service Widow

____ Driver's License
____ Last Year's federal tax return (for you and your spouse, if married)
____ VA Letter showing proof of veteran status and disability rating.

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

A granted Senior Citizen Special Assessment is valid until the property is sold or is no longer eligible for Homestead Exemption. The Disabled Veteran or Disabled Individual Special Assessment 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 Article VII, Section 18(G) of the constitution of the State of Louisiana.

Owner's Signature

Witness

Date

ASSESSOR'S OFFICE USE ONLY

Assessment#

Assessed Land Value: _____

Processed by:

Assessed Improvement Value: _____

Date: _____