

LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION

RULE: THE TOTAL ASSESSMENT ON OWNER OCCUPIED RESIDENTIAL PROPERTY RECEIVING HOMESTEAD EXEMPTION SHALL BE FROZEN THE FIRST YEAR THE OWNER(S) QUALIFIES FOR THE SPECIAL ASSESSMENT LEVEL. IN ACCORDANCE WITH LA CONST. ART. 7 SECTION 18, THE TOTAL ASSESSMENT MUST BE REAPPRAISED IF IT HAS NOT BEEN REAPPRAISED IN THE LAST 4 YEARS.

TO QUALIFY, PROPERTY MUST BE OWNED AND OCCUPIED BY:

- _____ A PERSON 65 YEARS OF AGE OR OLDER
- _____ A PERSON WHO HAS A SERVICE CONNECTED DISABILITY RATING OF 50% OR GREATER AS DETERMINED BY THE U. S. DEPARTMENT OF VETERANS AFFAIRS
- _____ A PERSON WHO IS A MEMBER OF THE ARMED FORCES OR LA NATIONAL GUARD AND WAS:
 - < KILLED IN ACTION,
 - < MISSING IN ACTION, OR
 - < A PRISONER OF WAR FOR LONGER THAN 90 DAYS
- _____ A PERSON WHO IS PERMANENTLY AND TOTALLY DISABLED AS DETERMINED BY A FINAL NON-APPEALABLE JUDGMENT OF A COURT OR AS CERTIFIED BY A STATE OR FEDERAL ADMINISTRATIVE AGENCY WITH THE AUTHORITY TO DO SO

INCOME REQUIREMENT:

A PERSON'S ADJUSTED GROSS INCOME MUST BE **\$ 69,483** OR LESS

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

BIRTH DATE: _____ / _____ / _____ **S. S. #:** _____ / _____ / _____

IF MARRIED, SPOUSE'S NAME: _____

BIRTH DATE: _____ / _____ / _____ **S. S. #:** _____ / _____ / _____

ADJUSTED GROSS INCOME (As reported on Federal Income Tax Return) **FOR THE YEAR PRIOR TO APPLICATION:** _____

*(If more than one owner, you **must** combine incomes if you file separately)*

I have read the above and certify that the information regarding my personal qualifications is true and correct. I understand that it is a criminal offense to make any false statement for the purpose of procuring a special assessment level.

OWNER: _____ **DATE:** _____

OWNER: _____ **DATE:** _____

PROPERTY INFORMATION

WARD: _____ **ASSESSMENT#:** _____

PROPERTY DESCRIPTION: _____

LAND VALUE: _____ **IMPT. VALUE:** _____ **TOTAL VALUE:** _____

BY: _____ **DATE:** _____

APPLICANT'S CONTACT INFO: _____