

Permanent Homestead Exemption Affidavit

Name _____

Address _____

City/State _____ Zip _____

Subdivision _____ Blk _____ Lot _____

Sec Twnshp Rng _____

Assessment # _____ Parish _____

Book/Page _____ Entry # _____

Date of Occupancy _____

Homestead Effective Date _____

Please check all that apply:

1. Standard _____
2. With Use Value _____
3. Surviving Spouse _____
4. Irrevocable Trust _____
5. Usufruct _____
6. Owned in Indivision _____ % owned _____
7. Bond for Deed _____ prior to June 20, 2003
8. Additional H/E _____ for veterans with a service-connected disability rating of one hundred percent by the U.S. Department of Veterans Affairs. In accordance with La. Constitutional Article VII, §21(K)(1)(2)(3).

Identify and attach copy of proof.

Comments:

I certify that I own and reside on this property

Signature _____ Date _____

Witness _____ Date _____