

# LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION

Owner's Name: \_\_\_\_\_ Owner's Birthdate: \_\_\_\_\_

Owner's SS #: XXX-XX-\_\_\_\_\_ Owner's Telephone #: \_\_\_\_\_

Property Address:	Mailing Address:
City:	City:
State:	State:
Zip Code:	Zip Code:

Spouse's Name: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_

Adjusted Gross Income: \$ \_\_\_\_\_

(Note: Please send a copy of last year's income tax statement for verification of income. If married, both incomes must be combined if filing separately.)

PLEASE CHECK THE APPROPRIATE BOX:

<input type="checkbox"/> OVER AGE 65	<input type="checkbox"/> DISABLED	<input type="checkbox"/> DISABLED VETERAN
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### IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

*This special assessment application, if granted, freezes the assessed values of your exempted property.*

*In the event the property is sold, the special assessment level shall terminate.*

*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.*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's Office Use Only:

<input type="checkbox"/> OVER AGE 65 PROOF VERIFIED	<input type="checkbox"/> DV 100% <input type="checkbox"/> DV GREATER THAN 50%
<input type="checkbox"/> DISABILITY PROOF VERIFIED	<input type="checkbox"/> VETERAN'S PROOF VERIFIED

Assessment #: \_\_\_\_\_

Land Value: \_\_\_\_\_ Imp. Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_