

DATE: _____

NAME _____

MAILING ADDRESS (if different from domicile)

(Please insure your mailing address is correct at the Auditor's Office.)

1.) ADDRESS OF OWNER'S DOMICILE (Physical): _____

2.) ANY PORTION OF THIS PROPERTY RENTED? YES ___ NO ___

3.) PREVIOUS ADDRESS: _____
City _____ State _____ Zip _____

4.) WAS PREVIOUS RESIDENCE RENTED SOLD OR STILL OWNED? _____

5.) DO YOU OWN ANOTHER HOME? YES ___ NO ___
CITY _____ ST _____ ZIP _____

***ALL highlighted questions MUST be completed for application processing:**

- 12-43-220 (c) (1) A residence does not qualify as a legal residence unless the property is determined to be the domicile of (occupied by) the owner/ applicant. A taxpayer may receive the 4 % assessment ratio on only one residence for a tax year.
- (c)(i) Owner must have been domicile (living) at that address for some period during the applicable tax year and remain in the status at the time of filing the application required.
- (2)(vii) If owner moves out and fails to notify the assessor within six months, a penalty is imposed equal to one hundred percent of taxes paid, plus interest
- (a)(iv)(b) Copy of vehicle registration and/or S. C. individual income tax ONLY if REQUESTED by Assessor Office
- (a)(iv)(c) **SC RESIDENT:** S.C. driver's license, SC ID card showing correct address AND a utility bill showing service at location address. SCDL # _____ UTILITY CO: _____

ACTIVE DUTY: Military **MUST** have a copy of utility bill showing services at location address, Military ID AND current Orders (showing SC as the permanent duty station)
Verified Military information: YES ___ No ___

PERMANENT RESIDENT: Permanent Resident Card or VISA (good for 1 year from date of admission) and utility bill showing service at current location

Property must be owned by occupant and documents must be recorded in the Register of Deeds during the year of the requested special assessment and prior to application.

Contract of Sale has been recorded: YES ___ NO ___ Book & Page Number _____

A RELEASE FROM YOUR PREVIOUS COUNTY ASSESSOR MAY BE REQUIRED FOR APPROVAL

****Under penalty of perjury I certify that:**

(A) The residence listed on this application is my legal residence and where I am living at the time of this application and that neither I, nor any member of my household, claim to be legal resident of a jurisdiction other than South Carolina for any purpose; and

(B) Neither I, nor a member of my household, claim the special assessment ratio allowed by this section on another residence.

Signature: _____

SSN# XXX-XX-____ Phone: _____

Date of Birth: _____

Email Address: _____

Spouse Name: _____

Spouse SSN# XXX-XX-____

(Married, Legally Separated /Divorced **MUST STILL** list spouse)

Date of Birth: _____

(FOR OFFICE USE ONLY) APPROVED: YES ___ NO ___ APPROVED BY: _____ Date: _____

Comments: _____

Relationship to owner(s): _____

0% - 49%: if not immediate family, based on ownership %.
25% - 49%: if owned with immediate family, 100% owner occupied.
50% and up: if not immediate family, based on ownership %.