

LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION

Owner's Name: _____ Owner's Date of Birth: _____

Owner's Telephone Number: (____) _____

Mailing Address:	
City:	
State:	
Zip Code:	

Property Address:	
City:	
State:	
Zip Code:	

(If Married) Spouse's Name: _____ Spouse's Date of Birth: _____

Adjusted Gross Income: \$ _____ (IRS Form 1040 & 1040-SR – Line 8b)

(NOTE: IF MARRIED, BOTH INCOMES MUST BE COMBINED IF FILING SEPARATELY. YOU MUST BRING THE ORIGINAL COPY OF YOUR PREVIOUS YEAR'S INCOME TAX RETURN.)

CHECK ALL THAT APPLY:

<input type="checkbox"/> Age 65+	<input type="checkbox"/> Disabled Veteran > 50% <input type="checkbox"/> 100% Disabled Veteran	<input type="checkbox"/> Disabled
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IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

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: _____ Date: _____

ASSESSOR'S OFFICE USE ONLY:

Parcel Number #: _____

Land AV: _____

Processed By: _____

Improvement AV: _____

Authorized Signature: _____

Date: _____

Application Taken by: _____ (DEPUTY INITIALS)