SPECIAL ASSESSMENT LEVEL APPLICATION

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

Owner's Telephone Number: _____ **Parcel #**: _____

Mailing Address:	**Property Address:**

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

Adjusted Gross Income: $ _____ (*IRS Form 1040 & 1040-SR – Line 11)*

(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:

SPECIAL ASSESSMENT LEVELS (FREEZES) – ALL FREEZES REQUIRE INCOME VERIFICATION

AGE 65	**DISABILITY**	**DISABLED VETERAN >50%**

DISABLED VETERANS ADDITIONAL HOMESTEAD EXEMPTION

DISABLED VETERAN 50% - 69%	**DISABLED VETERAN 70% - 99%**	**DISABLED VETERAN 100%**

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:** _____

Application taken by: _____ *(DEPUTY INITIALS)*

Processed By: _____ Total Assessed Value: _____

Authorized Signature: _____ Date: _____