FIRST RESPONDER ADDITIONAL HOMESTEAD EXEMPTION APPLICATION

PURSUANT TO ARTICLE 7, SECTION 21 (O), LA CONSTITUTION OF 1974

SECTION 1: TO BE COMPLETED BY EMPLOYER

I, _____, representing _____,
(EMPLOYER REPRESENTATIVE) *(NAME OF PUBLIC AGENCY)*

do hereby attest that _____ meets the following requirements:
(PUBLIC EMPLOYEE NAME)

CHECK ALL THAT APPLY:

_____ Is a full-time public employee, **AND**

_____ the employee's duties include responding rapidly to an emergency, **AND**

_____ resides in the same parish in which their employer is located.

The above-named person meets at least one of the following requirements:

_____ Is a Peace Officer, which means any sheriff, police officer or other person deputized by proper authority to serve as a peace officer; **OR**

_____ Fire protection personnel: **OR**

_____ An individual certified as emergency medical services personnel; **OR**

_____ An emergency response operator or emergency services dispatcher who provides communication support services for an agency by responding to requests for assistance in emergencies.

I hereby certify that the above information is true and correct.

_____ _____ _____ _____
(EMPLOYER SIGNATURE) (PRINTED NAME) (TITLE) (DATE)

SECTION 2: TO BE COMPLETED BY APPLICANT

I HAVE READ THE ABOVE INFORMATION AND I HEREBY CERTIFY AND AFFIRM THAT THE INFORMATION REGARDING MY PERSONAL QUALIFICATION IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS FOR THE PURPOSE OF SECURING AN ADDITIONAL HOMESTEAD EXEMPTION AS PER LOUISIANA REVISED STATUTES 14:71.4 AND LOUISIANA REVISED STATUTE 47:1703 C.

I hereby certify that I meet the aforesaid qualifications pursuant to Article 7, Section 21 (O) of the Constitution of the State of Louisiana. I also understand that the requested homestead exemption is valid only for the 2026 tax year, and I must reapply for each subsequent tax year in which I may be eligible.

_____ _____ _____
(FIRST RESPONDER SIGNATURE) (PRINTED NAME) (DATE)

_____ _____
(PROPERTY ADDRESS) (PHONE NUMBER)

ASSESSOR'S OFFICE USE ONLY:

Parcel Number #: _____

Date: _____ Application Taken by: _____ *(DEPUTY INITIALS)*