VOLUNTEER FIREFIGHTER ADDITIONAL HOMESTEAD EXEMPTION APPLICATION

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

SECTION 1: TO BE COMPLETED BY FIRE CHIEF OR VOLUNTEER FIRE DEPARTMENT OFFICER

I, _____, representing _____Volunteer Fire Department,
(NAME OF FIRE CHIEF OR VFD OFFICER)

do hereby attest that _____ meets the following requirements:
(VOLUNTEER FIREFIGHTER NAME)

CHECK ALL THAT APPLY:

_____ Has completed no fewer than 24 hours of firefighter continuing education within the current tax year.

AND

_____ Is an active member of the Louisiana State Fireman's Association.

OR

_____ Is on the departmental personnel roster of the Volunteer Firefighter Insurance Program of the Office of the State Fire Marshal.

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

_____ _____ _____ _____
(FIRE DEPT. REP. 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.

_____ _____ _____
(FIREFIGHTER SIGNATURE) (PRINTED NAME) (DATE)

_____ _____
(PROPERTY ADDRESS) (PHONE NUMBER)

ASSESSOR'S OFFICE USE ONLY:

Parcel Number #: _____

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