

APPLICATION FOR SPECIAL ASSESSMENT AS LEGAL RESIDENCE (4%)

Year

Colleton County Assessor's Office

TMS

31 Klein St * PO Box 1166 * Walterboro, SC 29488

(843) 549-1213

MAIL or Deliver Original ----DO NOT FAX or EMAIL

Name & Address of Property Owner(s)		Description of Property
Last	First	<input type="checkbox"/> Owner Physical Location of the Property
Last	First	<input type="checkbox"/> Co-Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other... If Other, List Relationship If additional owner(s), please list
<u>ADDRESS</u>		

1. Is the mailing address correct? Yes No - Correct Address:
2. Marital Status: Married Widowed Never Married Divorced Legal Separation: **Attach Court Order**
 Spouse's name if married:
3. Date applicant(s) began to occupy the property:
4. Type of Residence: Single Family Duplex Townhouse Condo Separate Parcel as Yard
 Mobile Home Decal Number Do you own the land the mobile home is on? Yes No
5. Is this property rented any period of time during the year? Yes No Number of Days Rented
6. Is the property subject to vacation rentals or a lease agreement? Yes No If yes, provide details.
7. Is any part of this property (Commercial Apartment Lot Mobile Home Other If other, List)
 Is it rented or used by someone other than the owner? Yes No If yes,
8. Do you or your spouse or any of your dependents maintain another residence in this or any other county or state?
 Yes No If yes, Where?
9. Is the property held in a trust? Yes No - If yes, is the property occupied as a residence by the income beneficiary of the trust? Yes No If yes, Certification of Trust with current Income Beneficiary Must be **ATTACHED**
10. Is this property being purchased under Bond for Title Installment Contract Contract for Sale Limited Liability Co N/A
11. Is this Heirs property? Yes No If yes, state the relationship to the Owner
12. Previous Address
 Owner: Do you still own? Yes No Sold Date Sold: _____ *If yes, provide a letter from previous taxing jurisdiction stating the exemption was removed and the effective date.*
 Non Owner: Parent's House Renter Other If other explain: _____
13. Do you file a SC State income tax return? Yes No If no, List Reason
14. Colleton County Precinct in which registered to Vote
15. Are your vehicles registered in Colleton County? Yes No - If No, where?
16. Are you permanently disabled? Yes No **or** are you 65 or older? Yes No *(If you are 65 and Older or Permanently Disabled, upon approval of this application, you may apply for Homestead in the Auditor's Office)*

Under the penalty of perjury, I certify that; (A) the residence which is the subject of this application is my legal residence where I am domiciled at the time of this application and that I do not claim to be a legal resident of jurisdiction other than South Carolina for any purpose; and (B) that neither I nor any other member of my household is residing in or occupying any other residence which I or any member of my immediate family has qualified for the special assessment ratio allowed by this section. For purposes of item (B) "member of my household" means (A) the owner/occupant claimed or eligible to be claimed as a dependent on the owner/occupant's Federal Income Tax Return.

**Residential address on Driver's License voter's and vehicle registration must reflect the address for which you are applying
 Copies of these documents are required**

Required: Owner's Signature

Required: Owner's Spouse

Required: Co-Owner(s)

Name (Print):

Sign :

Date :

SSN :

Phone :

Email :

Drivers Lic No:

Other:

If Agent/POA/Other : _____

Signature

relationship to the owner

Address

Office Use Only

Approved Yes No By: _____ Date: _____ Issued by: _____ Date Issued: _____