



"Heritage With A Future"

APPLICATION FOR SPECIAL ASSESSMENT AS LEGAL RESIDENCE

ABBEVILLE COUNTY ASSESSOR'S OFFICE
901 W GREENWOOD STREET, SUITE 2200
ABBEVILLE, SC 29620

TELEPHONE (864) 366-5312, EXT 51 FAX (864) 366-6635

TAX MAP NUMBER TAX YEAR

PROPERTY LOCATION TAX DISTRICT

OWNERSHIP INFORMATION: PLEASE LIST ADDITIONAL OWNERS AND SOCIAL NUMBERS ON BACK OF FORM

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPOUSE'S LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DAYTIME PHONE NUMBER EMAIL ADDRESS

ARE THERE ANY OTHER BUILDINGS INCLUDING APARTMENTS, MOBILE HOMES, OR LAND AREA RENTED? YES NO

IF YES, DESCRIBE

MONTH/YEAR IN WHICH YOU OCCUPIED THE ABOVE REFERENCED PROPERTY

IF YOUR LEGAL RESIDENCE IS A MOBILE HOME, WHAT IS YOUR DECAL NUMBER?

DO YOU OWN THE LAND THE MOBILE HOME IS ON? YES NO

PRECINCT IN WHICH YOU ARE REGISTERED TO VOTE.

DID YOU RECIEVE LEGAL RESIDENCE AT YOUR PREVIOUS ADDRESS? YES NO

IF YES, WHAT IS THE LOCATION OF THAT PROPERTY?

HAS THE PROPERTY BEEN SOLD? YES NO

IF YES, WHAT WAS THE SALE DATE?

SECTION 12-43-220 (c)(1) OF THE SOUTH CAROLINA CODE OF LAWS REQUIRES THAT THE APPLICANT SIGN THE FOLLOWING STATEMENT:

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE RESIDENCE WHICH IS THE SUBJECT OF THIS APPLICATION IS MY LEGAL RESIDENCE AND WHERE I AM DOMICILED:AND THAT NEITHER I NOR ANY OTHER MEMBER OF MY HOUSEHOLD OWN ANY OTHER RESIDENCE IN SOUTH CAROLINA WHICH CURRENTLY RECEIVES THE OWNER-OCCUPANT FOUR PERCENT RATIO.

"A MEMBER OF MY HOUSEHOLD" MEANS: (a) THE OWNER-OCCUPANT'S SPOUSE, EXCEPT WHEN THAT SPOUSE IS LEGALLY SEPARATED FROM THE OWNER-OCCUPANT: (b) ANY CHILD OF THE OWNER-OCCUPANT CLAIMED OR ELIGIBLE TO BE CLAIMED AS A DEPENDANT ON THE OWNER-OCCUPANT'S FEDERAL INCOME TAX RETURN.

OWNER'S SIGNATURE _____ DATE SIGNED _____

IF AGENT FOR OWNER, GIVE RELATIONSHIP AND MAILING ADDRESS:

OFFICE USE: QUALIFIED YES NO DATE: BY: