

**Application For
Louisiana Special Assessment Level**

R. Todd Dugas, CLA
Assessor, St. Martin Parish
415 St. Martin Street
St. Martinville, LA 70582

Assessor's Office Use Only:
LAST NAME _____

ONLY IF PROPERTY IS SUBJECT TO HOMESTEAD EXEMPTION

____ SENIOR FREEZE ____ TOTAL DISABILITY ____ SERVICE DISABILITY

Application Date: _____ / _____ / _____ Tax Year Applied: _____

Property Address: _____

Owner's Name: _____
(Last) (First) (M.I.)

Owner's Birth Date: _____ / _____ / _____ Owner's S.S. # _____ / _____ / _____

Spouse's Name: _____
(If Married) (Last or Maiden) (First) (M.I.)

Spouse's Birth Date: _____ / _____ / _____ Spouse's S.S. # _____ / _____ / _____

ADJUSTED GROSS INCOME OF OWNER(S) AS REPORTED ON FEDERAL TAX RETURN FOR YEAR PRIOR TO APPLICATION: (COMBINE INCOME OF SPOUSE IF FILED SEPARATELY) \$ _____

AMOUNT OF INCREASE IN VALUE OF PROPERTY DUE TO CONSTRUCTION OR RECONSTRUCTION SINCE LAST APPLICATION: \$ _____

THE SPECIAL ASSESSMENT LEVEL SHALL TERMINATE IN THE EVENT THE PROPERTY IS SOLD

I have read the above information and certify that the information regarding my personal qualifications are true and correct. I understand that it is a criminal offense to make any false statements for the purpose of procuring a SPECIAL ASSESSMENT LEVEL.

(Owner's Signature) (Date)

(Phone #)

(Spouse's Signature (If Married)) (Date)

(Phone #)

Assessor's Office Use Only:

Owner #: _____ Land Value: _____ Imp. Value: _____
Last Reappraisal: _____ Processed By: _____ Date: _____ / _____ / _____

FIRST NAME _____

PARCEL # _____

WARD _____