

**Peter J. Tecklenburg**

Charleston County Auditor

PO Box 614

Charleston SC 29402-0614

**HOMESTEAD EXEMPTION APPLICATION**

Application Date:		PIN:	
1. Applicant's Name:			
2. Property Address:			
3. Date of Birth:		4. SSN:	
5. Phone Number:			
6. Are you a new SC resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6a. If yes, please provide date:	
7. Previous Address:			
8. Is this property held in a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. If yes, are you the beneficiary of the trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		10. If jointly owned, provide number of legal parties:	_____
11. Name of Co-owner:			Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Co-owner's Date of Birth:		13. Co-owner's SSN:	
14. Is this your permanent home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Is this a mobile home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		16. Is there any commercial property or multi-family dwelling on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17a. Has this property been leased or rented in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Will this property be leased or rented for which the homestead is claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		17c. If yes, please provide the number of weeks and months rented or leased.	_____
<b>*To obtain additional savings, be sure to apply for the 4% legal residence exemption through the County Assessor.</b>			
<b>Disclaimer and Signature</b>			
I (we) hereby certify under penalty of perjury that the above information is true and correct, and that I (we) have been a resident of South Carolina for one year as of 31 December last year, and that the above identified property is my permanent home and legal residence and I am entitled to the Homestead Exemption; and further that I (we) have not applied for such exemption in any other county or state.			
<b>Attach a copy of at least one of the following as proof of eligibility:</b>			
<b>AGE</b>		<b>DISABILITY</b>	
<input type="checkbox"/> Medicare or Medicaid Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> South Carolina driver's license or official ID card		<input type="checkbox"/> Medicare or Medicaid Card <input type="checkbox"/> Legal Certification of disability <input type="checkbox"/> Blind <input type="checkbox"/> Disabled	
Signature of Applicant or Agent:		Date:	