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| 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? Yes No | | | | | | | | | | | 6a. If yes, please provide date: | | | | | | | | | |  | | | |
| 7. Previous Address: | | | |  | | | | | | | | | | | | | | | | | | | | |
| 8. Is this property held in a  trust? Yes No | | | | | | | | | | 9. If yes, are you the beneficiary of the trust? Yes No | | | | | | | | | 10. If jointly owned, provide number of legal parties:  \_\_\_\_\_\_\_\_ | | | | | |
| 11. Name of Co-owner: | | | | |  | | | | | | | | | | | | | | | | | Spouse? | | Yes No |
| 12. Co-owner’s Date of Birth: | | | | | |  | | | | | | 13. Co-owner’s SSN: | | | | | |  | | | | | | |
| 14. Is this your permanent home?  Yes No | | | | | | | | 15. Is this a mobile home?  Yes No | | | | | | | | 16. Is there any commercial property or multi-family dwelling on the property?  Yes No | | | | | | | | |
| 17a. Has this property been leased or rented in the past year?  Yes No | | | | | | | | | 17b. Will this property be leased or rented for which the homestead is claimed? Yes No | | | | | | | | 17c. If yes, please provide the number of weeks and months rented or leased.  \_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \*To obtain additional savings, be sure to apply for the 4% legal residence exemption through the County Assessor. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer and Signature** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attach a copy of at least one of the following as proof of eligibility:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGE** | | | | | | | | | | | | **DISABILITY** | | | | | | | | | | | | |
| Medicare or Medicaid Card  Birth Certificate  South Carolina driver’s license or official ID card | | | | | | | | | | | | Medicare or Medicaid Card  Legal Certification of disability  Blind Disabled | | | | | | | | | | | | |
| Signature of Applicant or Agent: | | | | | | |  | | | | | | | | | | | | | Date: | | |  | |

**Peter J. Tecklenburg**

Charleston County Auditor

PO Box 614

Charleston SC 29402-0614