|  |  |  |  |
| --- | --- | --- | --- |
| 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