

LEGAL RESIDENCE (4%) EXEMPTION APPLICATION

This Application is for the current year only, REFUNDS REQUIRE A DIFFERENT FORM

DO NOT FAX, DO NOT EMAIL. MAIL ORIGINAL APPLICATION OR HAND DELIVER TO:

CHARLESTON COUNTY ASSESSOR'S OFFICE 3875 FABER PLACE DRIVE, SUITE 100 N CHARLESTON, SC 29405-8547

NAME & CURRENT MAILING ADDRESS OF OWNER	PROPERTY TYPE	
	DUPLEX/TRIPLEX	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

CAL	L 843-958-4100 IF YOU HAVE ANY QUESTIONS ABOUT THE REQUIREME	NTS - YOU WILL BE NOTIFIED <u>IN WRITING</u> IF YOU	R APPLICATION IS DENIED			
	YOU <u>MUST</u> ANSWER <u>ALL</u> QUESTIONS ON THIS APPLICATION AND PROVID	E <u>ALL</u> REQUIRED INFORMATION. ADDITIONAL INFORM	ATION ON BACK.			
1.	ADDRESS of owner-occupant's primary legal residence:					
2.	Date owner-occupant(s) began to occupy the property:					
3.	Is the property held in a trust? If <u>YES</u> : attach copy of <u>ENTIRE</u> trust and any relative	ted documents	☐ Yes ☐ No			
	If $\underline{\text{YES}}$: is the property occupied by a $\underline{\text{current income beneficiary}}$ of the trust? (na	,	☐ Yes ☐ No			
4.	Is the property owned by a $\underline{\text{single member}}$ Limited Liability Corporation (LLC)?	☐ Yes ☐ No				
	If YES: provide operating agreement or other document(s) such as Form 8832	· · ·	_			
5.	Was/Is the $\underline{\text{entire}}$ property rented for $\underline{\text{any}}$ period of time during the year? If $\underline{\text{YES}}$:	number of days rented?	☐ Yes ☐ No			
6.	Was/Is any $\underline{\text{part}}$ of the property (commercial, apartment, lot, mobile home, etc) $\underline{\text{r}}$	☐ Yes ☐ No				
	Sqft:%: Describe use (attach extra sheet if needed)					
7.	Do you operate a B&B (such as Airbnb) out of the property? If <u>YES:</u> # days rented		☐ Yes ☐ No			
8.	Please check appropriate box: A) Married \Box B) Widowed \Box C) Legally sep	•				
_	Copy of court ordered separate support & maintenance agreement or divorce d	ecree is required if separated or divorced.				
9.	Address of your <u>PREVIOUS</u> residence. (Street, City, County, State, Country)		П.V П.N			
10.	Did you own your previous residence? If <u>YES</u> : Has it been sold? If <u>YES</u> : Date so		☐ Yes ☐No			
	If <u>NOT</u> sold - is that property qualified for 4% or for any other type of exemption		☐ Yes ☐ No			
11	The previous taxing jurisdiction MUST provide a letter stating exempt Do you, your spouse, or any member of your household* own another residence		□ Voc □ No			
11.	If YES : List ALL addresses showing City, County, State, Country (attach separat		LI TES LINO			
12.	If <u>YES</u> : List <u>ALL</u> addresses snowling City, County, State, Country (attach separate sneet) 12. Are you, your spouse or any <i>member of your household*</i> a foreign national?					
	Do you, your spouse or any member of your household* claim to be a resident o					
13.	If <u>YES:</u> attach explanation (and include City, County, State or Country)	rany other jurisdiction for any purpose:	. .			
14.	If owner is 100% disabled military veteran, will a tax exemption application be fi	led with SC Dept of Revenue?	☐ Yes ☐ No			
	REQUIRED DOCUMENTS FOR ALL OWNER OCCUPANTS AND SPOUSE. (S. SC DRIVERS LICENSE/SC ID CARD WITH CURRENT ADDRESS					
	SC DRIVERS LICENSE/SC ID CARD WITH CURRENT ADDRESS FEDERAL 1040 TAX RETURN W/ SCHED. 1, A, C, E & FORM 8829 (if applicable) SC VEHICLE REGISTRATION WITH CURRENT ADDRESS STATE INCOME TAX RETURNS – ALL STATES FILED WITH MOST RECENT RETURNS					
	(Company car; provide that registration)	(Redact State and Federal Income forms per exampl				
	SC VOTER REGISTRATION CARDS WITH CURRENT ADDRESS	PERMANENT RESIDENT CARD OR VISA, I-797 (if appli	cable)			
	DIVORCE DECREE OR LEGAL SEPARATION PAPER (if applicable)	OTHER DOCUMENTS AS INDICATED ON APPLICATION				
	f any required proof or information is missing, the application will not be proces		•			
	de 12-43-220(c): "The owner or his agent shall provide all information required in fy that: (A) the residence which is the subject of this application is my legal resid	,, ,				
	ember of my household*, claim to be a legal resident of a jurisdiction other than S	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			
	the special assessment ratio allowed by this section on another residence.' If a					
there	after found not eligible, or thereafter loses eligibility and fails to notify the Assess	· · · · · · · · · · · · · · · · · · ·				
	* <u>member of my household</u> is defined on the back o	• • • • • • • • • • • • • • • • • • • •				
	THE SIGNING OF THIS APPLICATION I AGREE THAT I HAVE READ AND UNDERST.					
	IRED SIGNATURE – Owner-Occupant's Signature	REQUIRED SIGNATURE: ☐ Spouse (spouse MUST sign not separated – even if spouse is NOT an owner)	If applicant is married and			
Signature: Date:		OR □ Co-Owner IF occupant of property				
Print Name Legibly:		Signature: Date:				
SSN:						
Dhone	e # Phone #	Print Name Legibly:				
7 110111	r none #	SSN: Phone:				
For of	fice use only: Approved: □Yes □ No By:	PIN#				

FILING THIS APPLICATION DOES NOT ALLOW YOU TO DELAY PAYING TAXES THAT HAVE BEEN BILLED.

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION, REQUIRED DOCUMENTS, OR QUALIFICATIONS FOR THE LEGAL RESIDENCE EXEMPTION CALL THE ASSESSOR'S OFFICE AT 843-958-4100

OTHER COUNTY OFFICES WILL NOT BE ABLE TO PROVIDE YOU WITH ACCURATE ANSWERS

If approved, the 4% ratio will be computed into your tax bill and will reflect QR4 as the assessment ratio on your bill. If your application is not approved by the time the bill is due, pay the bill and a refund will be issued if the 4% ratio is granted after the due date. Up to 5 acres may qualify for the exemption. If the property has additional dwelling(s) or is a duplex/triplex, only dwellings or units occupied by immediate family members qualify for 4% ratio. If rented, the property will be taxed at partial 4% / 6%.

If the residence that is the subject of this application is rented more than 72 days in a calendar year, it does not qualify for the exemption for that year.

If the residence that is the subject of this application was subject to vacation rentals at the time of purchase, and the owner did not move into the residence within 90 days of the purchase date, it does not qualify for the exemption for that year.

INSTRUCTIONS

- All questions <u>must</u> be answered completely, and all required documents/proof <u>must</u> be supplied.
- Provide a written explanation if information/documents are not available.
- If married, your spouse must sign and provide all required documentation even if he or she has no ownership of the property and/or does not occupy the property.
- Do not email or fax the completed application, original signatures are required. Mail or hand deliver the application to the address on the application form.
- An online application is also available at https://www.charlestoncounty.org/tax-forms.php. A prior year refund request form is also available on the website.

REQUIRED DOCUMENTATION

Send legible copies of required documents and proof – do not send us YOUR original documents.

	IF QUESTIONS ARISE AS A RESULT OF INFORMATION PROVIDED ON THIS FORM, YOU MAY BE CONTACTED FOR ADDITIONAL DOCUMENTATION OR CLARIFICATION*							
	SC Driver's License/Identification card for all owner occupants AND spouse							
	SC motor vehicle registration showing current address for all owner occupants AND spouse (For company cars – provide registration showing business address)							
	Copy of SC Voter Registration card for all owner occupants AND spouse							
	Federal Tax returns: Redacted copy of first two pages of most recently filed (1040) and Schedule 1 Schedule A Schedule C Schedule E							
	Form 8829 (if applicable) ** Returns for both owner-occupant AND spouse must be supplied, regardless of what residence or state they were filed from.							
	If you have <i>filed an extension</i> , provide most recently filed complete federal/state return AND a copy of your filed extension.							
	f you have any questions about how we protect your information call the Charleston County Assessor's office at (843) 958-4100.							
☐ State tax return – SC and/or other most recent state income tax return. For SC tax returns supply first 3 pages only and ☐ Schedule NR (if applicable)								
	Proof of Social Security Benefits or Award Letter, if applicable.							
	☐ Court ordered separate support & maintenance agreement or divorce decree, if separated or divorced							
☐ For active-duty MILITARY ONLY along with all the above listed documentation - provide the following: ☐ Military ID ☐ current orders ☐ current Leave and Earning								
	Statement (LES) - redact income information.							
	Military members AND their spouses must provide driver's license(s), vehicle registration(s) and voter registration(s) regardless of where licensed or registered							
	Provide copy of permanent residence card, visa or I-797 if Owner or Spouse is a foreign national.							
	Additional documentation if applicable. \square trusts \square bond for title/land contract; \square operating agreement or \square Form 8832 for single member LLC's							
If y	ou do not have the required documentation or proof but still feel you qualify, call the Assessor's office and we will discuss your situation with you.							
HO	W TO REDACT YOUR TAX RETURNS							
Red	lact the return as shown (SC and other state returns have similar information to the 1040) using a heavy marker or pen to cover up:							
	☐ Social Security Numbers ☐ Account numbers ☐ Routing numbers ☐ Income amounts							
	If a line is blank – leave it blank.							
	If a line is filled in with a zero – leave the zero.							
	If a line contains an N/A – leave the N/A.							

The income amounts (dollar figures) are typically not needed for this process but it is necessary during the approval process for the Assessor's Office to know if some lines contained data. Therefore, do not cover up the lines with plain paper and do not fold the form when copying to hide the income lines.

If you have any questions about redacting or about what parts of the returns are needed or why they are needed, call the Assessor's Office at 843-958-4100.

me Tax Return	2016	OMB No. 1545-0074	IRS Use Onl	ly—Do not write or staple in this space.
	, 2016, ending	, 20	0	See separate instructions.
Last name				Your social security number
Last name				Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.				
				and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				
	Last name Last name Last name	Last name Last name Last name Last name	me Tax Return 2016 omb No. 1545-0074 , 2016, ending .2 Last name Last name	me Tax Return 2016 OMB No. 1545-0074 IRS Use On , 2016, ending , 20 Last name Last name Apt. no.

Following are important <u>EXCERPTS</u> from the legal residence exemption statute SECTION 12-43-220. (c)

A full copy of the statute is available online at: <u>www.charlestoncounty.org</u> or available at www.scstatehouse.gov/code/t12c043.ph

"a member of my household" means:

the owner-occupant's spouse, except when that spouse is legally separated from the owner-occupant; and

any child under the age of eighteen years of the owner-occupant claimed or eligible to be claimed as a dependent on the owner-occupant's federal income tax return.

If the assessor determines the owner-occupant ineligible, the six percent property tax assessment ratio applies and the owner-occupant may appeal the classification as provided in Chapter 60 of this title.

- If a change in ownership or use occurs, the owner who had qualified for the special assessment ratio allowed by this section shall notify the assessor of the change in classification within six months of the change.
- Another application is required by the new owner to qualify the residence for future years for the four percent assessment ration allowed by this section.
- If a person signs the certification, obtains the four percent assessment ratio, and is thereafter found not eligible, or thereafter loses eligibility and fails to notify the assessor within six months, a penalty is imposed equal to one hundred percent of the tax paid, plus interest on that amount at the rate of one-half of one percent a month.

If we can assist you in any way, contact the Assessor's office at (843) 958-4100 or visit us at www.charlestoncounty.org