

**Application For  
Louisiana Special Assessment Level**

Lawrence L. Patin, CLA  
Assessor / Assesneur  
415 St. Martin Street  
St. Martinville, LA 70582

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CATEGORY (Check one):  SENIOR FREEZE  SERVICE DISABILITY  TOTAL DISABILITY

(ONLY IF PROPERTY IS SUBJECT TO HOMESTEAD EXEMPTION)

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tax Year Applied: \_\_\_\_\_

Property Address \_\_\_\_\_

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

Owner's Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Owner's S.S. # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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) \$ \_\_\_\_\_

IN THE EVENT THAT THE PROPERTY IS SOLD, THE SPECIAL ASSESSMENT LEVEL SHALL  
TERMINATE.

**I have read the above information and certify that the information regarding my personal  
qualifications is 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) Phone No. \_\_\_\_\_ (Date) \_\_\_\_\_

\_\_\_\_\_  
(Owner) Phone No. \_\_\_\_\_ (Date) \_\_\_\_\_

**Assessor's Office Use Only:**

Owner No : \_\_\_\_\_ Land value: \_\_\_\_\_ Imp. Value: \_\_\_\_\_

Last Reappraisal: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_