Application For Louisiana Special Assessment Level

R. Todd Dugas, CLA Assessor, St. Martin Parish 415 St. Martin Street St. Martinville, LA 70582

ONLY IF PROPERTY IS SUBJECT TO HOMESTEAD EXEMPTION

SENIOR FREEZE		TOTAL DISABILITY	
Application Date:/_	/ Tax	Year Applied:	_
Property Address:			
Owner's Name:	(Last)		(M.I.)
Owner's Birth Date:	_//	Owner's S.S. #:	_//
Spouse's Name:(If Married) (Las		(First)	(M.I.)
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) \$			
AMOUNT OF INCREASE IN VALUE OF PROPERTY DUE TO CONSTRUCTION OR RECONSTRUCTION SINCE LAST APPLICATION: \$			
THE SPECIAL ASSESSMENT LEVEL SHALL TERMINATE IN THE EVENT THE PROPERTY IS SOLD			
I have read the above information and certify that the information regarding my personal qualifications are 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's Signature)		(Date)	
(Phone #)			
(Spouse Signature (If Married	d)	(Date)	
(Phone #)			
Assessor's Office Use Only:			
Owner #:			
Last Reappraisal:	_ Processed By:	Date:/	