

**Application For  
Louisiana Special Assessment Level**  
R. Todd Dugas, CLA  
Assessor, St. Martin Parish  
415 St. Martin Street  
St. Martinville, LA 70582

LAST NAME \_\_\_\_\_  
Assessor's Office Use Only:

**ONLY IF PROPERTY IS SUBJECT TO HOMESTEAD EXEMPTION**

\_\_\_\_\_ SERVICE DISABILITY

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

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

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

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

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

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

**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)) (Date)

\_\_\_\_\_  
(Phone #)

**Assessor's Office Use Only:**

Owner #: \_\_\_\_\_ Land Value: \_\_\_\_\_ Imp. Value: \_\_\_\_\_  
Last Reappraisal: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRST NAME \_\_\_\_\_

PARCEL # \_\_\_\_\_

WARD \_\_\_\_\_