



# Jasper County Auditor

POST OFFICE BOX 807 • RIDGELAND, SOUTH CAROLINA 29936  
PHONE: (843) 717-3605 • (843) 726-7731

## APPLICATION FOR HOMESTEAD EXEMPTION

Tax Map #: \_\_\_\_\_ Date moved to SC: \_\_\_\_\_  
Tax District: \_\_\_\_\_  
First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ SC Zip Code: \_\_\_\_\_

### IF PROPERTY IS JOINTLY OWNED, PLEASE COMPLETE THE FOLLOWING:

Joint Owner's Name: \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Number of Joint Owners \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ County of Marriage: \_\_\_\_\_ State of Marriage: \_\_\_\_\_

Location of Dwelling: \_\_\_\_\_ Permanent Dwelling: Yes \_\_\_\_\_ No \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mobile Home: Yes \_\_\_\_\_ No \_\_\_\_\_  
Commercial Property or Multi-Family Dwelling? Yes \_\_\_\_\_ No \_\_\_\_\_  
Property Leased or Rented in the past year or year Homestead is claimed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If property is held in Trust, are you a beneficiary of the Trust? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this dwelling located within the corporate limits of a Municipality? Yes \_\_\_\_\_ No \_\_\_\_\_

I (we) do hereby certify under penalty 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**. The above identified property is my (our) permanent home and legal residence, and I am entitled to the Homestead Exemption. I (we) have not applied for such an exemption in any other county or state.

#### SOURCE OF PROOF OF AGE:

\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ SC Driver's License

#### TYPE OF DISABILITY:

\_\_\_\_\_ Blind – Letter of Eligibility  
\_\_\_\_\_ Disable – Letter stating date of disability  
**(100% Totally and Permanently)**

Signature of Applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

I certify that the applicant named above is entitled to the Homestead Tax Exemption and further that the County Treasurer shall use this certificate as authorization to abate the amount of the homestead taxes allowed by statute.

County Auditor: \_\_\_\_\_ Date: \_\_\_\_\_  
Homestead Exemption Application Number: \_\_\_\_\_