

SOUTH CAROLINA DEPARTMENT OF REVENUE APPLICATION FOR HOMESTEAD EXEMPTION

PT-458
7083
REV. 11-7-06

CONTROL NO. _____ TMS NO. _____ DATE OF APPLICATION _____

APPLICANT'S NAME AND ADDRESS _____

BIRTH DATE _____

SOCIAL SECURITY NUMBER _____

IF PROPERTY IS JOINTLY OWNED PLEASE COMPLETE THE FOLLOWING INFORMATION.

NAME _____

SPOUSE: YES NO

BIRTH DATE _____

SOCIAL SECURITY NUMBER _____

TELEPHONE NO. OF APPLICANT _____

LOCATION OF DWELLING _____

IS THIS YOUR PERMANENT HOME? YES NO

YES NO

IS THERE ANY COMMERCIAL PROPERTY OR MULTI-FAMILY DWELLING ON THIS PROPERTY? YES NO

YES NO

IS THIS A MOBILE HOME? YES NO

YES NO

HAS THIS PROPERTY BEEN LEASED OR RENTED IN THE PAST YEAR OR WILL IT BE LEASED OR RENTED DURING THE YEAR FOR WHICH THE HOMESTEAD IS CLAIMED? YES NO

YES NO

IF THIS PROPERTY IS HELD IN TRUST, ARE YOU A BENEFICIARY OF SUCH TRUST? YES NO

YES NO

IF JOINTLY OWNED, ENTER NUMBER OF PERSONS WHO SHARE OWNERSHIP (including applicant) _____

IS THIS DWELLING LOCATED WITHIN THE CORPORATE LIMITS OF A MUNICIPALITY? YES NO

IF YES, NAME OF MUNICIPALITY: _____

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

SOURCE OF PROOF AGE:

TYPE OF DISABILITY:

MEDICARE
MEDICAID CARD

BIRTH
CERTIFICATE

BLIND

DISABLED

OTHER _____

SIGNATURE OF APPLICANT (OR AGENT)

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 _____

DEPARTMENT OF REVENUE



LANCASTER COUNTY AUDITOR
Suzette Murphy, Auditor

Instructions on mail-in Homestead Applications:

Complete the Application, along with your signature. Mail back to our office the following:

- Completed Application
- Copy of your S.C. Driver's License (Proof of Age)
- Medicare card or Award Letter from Social Security if you are applying because of your **disability**
 - **Mail to:**
 - **P.O. Box 2016 Lancaster, SC 29721**

Once the information is provided we will review the application and if you qualify we will approve the application. The discount will show on the fall real estate bill. If you do not see your homestead exemption on your real estate tax bill, please, call 803-285-7424 or email auditor@lancastersc.net.