

# APPLICATION FOR HOMESTEAD EXEMPTION

MAP NO. \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ S.S. NO. \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOINT OWNER (IF ANY) NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ S.S. NO. \_\_\_\_\_

JOINT OWNER SPOUSE:  YES  NO

IS THIS YOUR PERMANENT HOME?  YES  NO IS THIS A MOBILE HOME?  YES  NO YEARS IN SC: \_\_\_\_\_

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

Has this property been leased/ rented in the past year, or will it be leased/ rented in the future?  YES  NO

DO YOU OWN OTHER **REAL** ESTATE?  YES  NO IF YES, LOCATION: \_\_\_\_\_

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

ENTER NUMBER OF PERSONS WHO SHARE OWNERSHIP OF PROPERTY INCLUDING APPLICANT: \_\_\_\_\_

IS THE PROPERTY LOCATED WITH IN THE CITY OR TOWN LIMITS: (CIRCLE ONE) LANCASTER OR KERSHAW

PREVIOUS PHYSICAL ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOURCE OF PROOF AGE:  MEDICARE CARD  BIRTH CERTIFICATE  SC DRIVERS LICENSE # \_\_\_\_\_

TYPE OF DISABILITY:  BLIND  DISABLED

*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.*

*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 \_\_\_\_\_



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](mailto:auditor@lancastersc.net).