

**Orleans Parish
Louisiana Special Assessment Application**

Tax Year _____

*please select only one

- _____ 65 years or older
- _____ have a service connected disability of over 50% (backed by a Veteran's Administration letter of determination)
- _____ permanently 100% disabled (backed by a federal or state letter of disability declaration)
- _____ the surviving spouse of a member of armed forces or LA National Guard killed in action, MIA, or POW

Property Address: _____

Owner's Name: _____
Last First M.I.

Owner's Birth Date: _____ Spouse's Birth Date: _____ Owner's SS#: _____

Adjusted Gross Income for the year prior to application: _____

Note: If more than one owner, you must combine incomes if you file separately. Adjusted Gross Incomes can be found on your IRS 1040.

Important Notes:

*please read and initial

- Federal/state disability Special Assessment applicant must file for Special Assessment yearly before August 15 _____
- Failure to file will cause the Special Assessment Level to lapse and will not be in effect the year when no application is made. SPECIAL ASSESSMENT LEVEL FREEZES ARE NOT RETROACTIVE. _____
- If property value decreases, applicant must submit a waiver and new application before Aug 15 to receive benefit of lower assessment in the subsequent tax year _____
- Any construction or reconstruction that increases the property value more than 25% cancels the Special Assessment _____

***65 and over Special Assessment applicants need not apply yearly

***In the event the property is sold or transferred, the Special Assessment shall terminate on the last day of December in the year the property is sold/transferred

I have read the above information and certify that the information regarding my personal qualifications is true and correct. I understand that it is a criminal offense to make any false statements for the purpose of procuring a Special Assessment.

Phone #: _____ Email Address (Optional): _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

For Office Use Only

CSR : _____ Tax Bill #: _____ Book: _____ Folio: _____ Line: _____