



"Heritage With A Future"

# APPLICATION FOR SPECIAL ASSESSMENT AS LEGAL RESIDENCE

ABBEVILLE COUNTY ASSESSOR'S OFFICE  
903 W GREENWOOD STREET, SUITE 2200  
ABBEVILLE, SC 29620

TELEPHONE (864) 366-5312, EXT 51 FAX (864) 366-6635

TAX MAP NUMBER \_\_\_\_\_ TAX YEAR \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_ TAX DISTRICT \_\_\_\_\_

**OWNERSHIP INFORMATION: PLEASE LIST ADDITIONAL OWNERS AND SOCIAL NUMBERS ON BACK OF FORM**

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ARE THERE ANY OTHER BUILDINGS INCLUDING APARTMENTS, MOBILE HOMES, OR LAND AREA RENTED? YES  NO

IF YES, DESCRIBE \_\_\_\_\_

MONTH/YEAR IN WHICH YOU OCCUPIED THE ABOVE REFERENCED PROPERTY \_\_\_\_\_

IF YOUR LEGAL RESIDENCE IS A MOBILE HOME, WHAT IS YOUR DECAL NUMBER? \_\_\_\_\_

DO YOU OWN THE LAND THE MOBILE HOME IS ON? YES  NO

IF MH, HAVE CURRENT SCDMV TITLE FOR ASSESSOR TO COPY? \_\_\_\_\_

DID YOU RECIEVE LEGAL RESIDENCE AT YOUR PREVIOUS ADDRESS? YES  NO

IF YES, WHAT IS THE LOCATION OF THAT PROPERTY? \_\_\_\_\_

HAS THE PROPERTY BEEN SOLD? YES  NO  IF YES, WHAT WAS THE SALE DATE? \_ \_ \_

**SECTION 12-43-220 (c)(1) OF THE SOUTH CAROLINA CODE OF LAWS REQUIRES THAT THE APPLICANT SIGN THE FOLLOWING STATEMENT:**  
**UNDER PENALTY OF PERJURY, I CERTIFY THAT THE RESIDENCE WHICH IS THE SUBJECT OF THIS APPLICATION IS MY LEGAL RESIDENCE AND WHERE I AM DOMICILED:AND THAT NEITHER I NOR ANY OTHER MEMBER OF MY HOUSEHOLD OWN ANY OTHER RESIDENCE IN SOUTH CAROLINA WHICH CURRENTLY RECEIVES THE OWNER-OCCUPANT FOUR PERCENT RATIO.**

**"A MEMBER OF MY HOUSEHOLD" MEANS: (a) THE OWNER-OCCUPANT'S SPOUSE, EXCEPT WHEN THAT SPOUSE IS LEGALLY SEPARATED FROM THE OWNER-OCCUPANT: (b) ANY CHILD OF THE OWNER-OCCUPANT CLAIMED OR ELIGIBLE TO BE CLAIMED AS A DEPENDANT ON THE OWNER-OCCUPANT'S FEDERAL INCOME TAX RETURN.**

OWNER'S SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

IF AGENT FOR OWNER, GIVE RELATIONSHIP AND MAILING ADDRESS: \_\_\_\_\_

OFFICE USE: QUALIFIED YES  NO  DATE: \_\_\_\_\_ BY: \_\_\_\_\_