

**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:** \_\_\_\_\_