

Owner Name: \_\_\_\_\_

## LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION

## **Permanently, Totally Disabled Homeowner Freeze**

Property must be Homestead Exempt to qualify

**APPLICATION FOR TAX YEAR: 2021** 

Mailing Address:				
Property Address:				
Owner Date of Birth://_		Owner SS#:	*** _ **	
Percentage of Disability:	% (F	– Proof must be provided	with this form)	
MPORTANT NOTE: This application may be applied to requirements stated below. If graph or operty as valued upon granting applicant is eligible. The property millage increase.	nted, the sp the applicat	pecial assessment tion. The freeze v	level will freeze the assessed will remain on the property a	d value of the s long as the
REQUIREMENTS:				
<ul> <li>A. Applicant must be perma of a court or is certified before making determination</li> <li>B. Adjusted Gross Income myou must combine income</li> </ul>	y a state or insome on that mounts and the contract mounts are contracted by the con	federal administra atter. eed \$100,000 a ye	ative agency charged with th	e responsibility
The maximum allowable gross income the United States Government rendered invalid.		•		•
have read the above information rue and correct. I understand the procuring a Special Assessment L	at it is a crim			
OWNER		DATE		
ASSESSOR'S OFFICE USE ONLY:				
ASSESSMENT#:	SEC/T	TWP/RNG:	LAND VALUE:	
SUBDIVISION:	BLOCK:	LOT:	IMPROVEMENT VALUE: _	