

**SUMTER COUNTY ASSESSOR
13 E CANAL ST.
SUMTER SC 29150
(803) 436-2115**

Tax Year: _____

**LEGAL RESIDENCE
APPLICATION**

1. TMS NO.: _____
2. ADDRESS OF OWNERS DOMICILE (residence): _____

LEGAL DESCRIPTION

3. NEITHER I NOR ANY MEMBER OF MY HOUSEHOLD OWN ANY OTHER RESIDENCE IN S. C. WHICH CURRENTLY RECEIVES THE 4% OWNER OCCUPIED ASSESSMENT RATIO. INITIALS _____

MAILING ADDRESS

4. IS ANY PORTION OF THIS PROPERTY RENTED?
YES ___ NO ___

5. PREVIOUS ADDRESS: _____

6. WAS PREVIOUS RESIDENCE RENTED? _____

12-43-220

- (c)(1) A residence does not qualify as a legal residence unless the property is determined to be the domicile of (occupied by) the owner - applicant. A tax payer may receive the 4 % assessment ratio on only one residence for a tax year.
- (c)(i) Owner must have been domicile (living) at that address for some period during the applicable tax year and remain in the status at the time of filing the application required.
- (2)(ii) If owner moves out and fails to notify assessor within six months, a penalty is imposed equal to one hundred percent of taxes paid, plus interest.
- (a)(iv)(b) Copy of vehicle registration or S. C. individual income tax.
- (a)(iv)(c) **Copy of S.C. driver's license or SCDMV identification card showing correct address.**
DL # _____

**Military-copy of bill showing services at location address, ID and LES
Verified Military Information: YES ___ No ___**

Property must be owned by occupant and documents must be recorded in the Register of Deeds during the year of the requested special assessment and prior to application.

Contract of Sale is recorded: YES ___ NO ___

Under penalty of perjury, I certify that I meet the qualifications for this special assessment.

Signature: _____

SSN# XXX-XX _____ Spouse XXX-XX _____

Phone # _____ Date: _____

(FOR OFFICE USE ONLY) APPROVED, YES ___ NO ___ APPROVED BY _____

AFTER BILLING CHANGE:		YEAR: _____	DIST: _____	RECPT #: _____	DATE PD: _____
NEW LASV	R _____ A _____	6% _____	NEW LAPV	R _____ A _____	6% _____
NEW BASV	R _____ A _____	6% _____	NEW BAPV	R _____ A _____	6% _____
TOTAL ASV:	_____		TOTAL APV	_____	
APPROVED: _____					

Comments:

Input completed by: _____ Date: _____