

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): _____

DESCRIPTION

_____ LEGAL

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 _____

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

5. PREVIOUS ADDRESS: _____

6. WAS PREVIOUS RESIDENCE RENTED? _____

MAILING ADDRESS

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 the assessor within six months, a penalty is imposed equal to one hundred percent of the 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.

Military-copy of bill showing services at location address, ID and LES

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: _____

Input completed by: _____ Date: _____

TMS No.: _____