

**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. INITIAL.: _____

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 taxpayer 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.

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

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

Signature: _____

SSN: XXX-XX- _____ Spouse SSN: XXX-XX- _____

Phone # _____ Date: _____

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

<u>AFTER BILLING CHANGE:</u> 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:** _____

TMS No.: _____