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## HOMESTEAD EXEMPTION APPLICATION

Application Date: _____/_____/_____		PIN/TMS Number: _____	
1. Applicant's Name (Last)		1. Applicant's Name (First) (Middle)	
2. Date of Birth _____/_____/_____	3. Social Security Number ____-____-____		
4. Telephone Number ____-____-____	5. Property Address _____		
6. Are you a new SC resident? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please provide date: _____/_____/_____	Previous Address _____	
7. Is this property held in a trust? YES <input type="checkbox"/> NO <input type="checkbox"/>	8. If yes, are you the beneficiary of the trust? YES <input type="checkbox"/> NO <input type="checkbox"/>	9. If jointly owned, provide number of legal parties: _____ <i>(Complete this section for a co-owner or skip to #14 for single ownership.)</i>	
10. Name of co-owner (Last) (First) (Middle)			
11. Co-owner's Date of Birth _____/_____/_____	12. Co-owner's Social Security Number ____-____-____	13. Are you the applicant's spouse? YES <input type="checkbox"/> NO <input type="checkbox"/>	
14. Is this your permanent home? YES <input type="checkbox"/> NO <input type="checkbox"/>	15. Is this a mobile home? YES <input type="checkbox"/> NO <input type="checkbox"/>	16. Is there any commercial property or multi-family dwelling on this property? YES <input type="checkbox"/> NO <input type="checkbox"/>	
17a. Has this property been leased or rented in the past year? YES <input type="checkbox"/> NO <input type="checkbox"/>	17b. Will the property be leased or rented during the year for which the homestead is claimed? YES <input type="checkbox"/> NO <input type="checkbox"/>	17c. If yes, please provide the number of weeks and months rented or leased. _____	* You must be approved for the 4% Legal Residence through the County Assessor to receive the Homestead Exemption.

### Disclaimer and Signature

I (we) hereby certify under penalty of perjury that the above information is true and correct, and that I (we) have been a resident of South Carolina for one year as of 31 December last year, and that the above identified property is my permanent home and legal residence and I am entitled to the Homestead Exemption; and further that I (we) have not applied for such exemption in any other county or state.

Attach a copy of at least one of the following as proof of eligibility:

- Medicare or Medicaid card
- Birth certificate
- South Carolina driver's license or official ID card
- Legal certification of disability/blindness

Type of disability:  Blind  Disabled

Signature of Applicant or Agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_