Brent Rutherford
Beauregard Parish Assessor
P.O. Box 477
DeRidder, LA 70634

LOUISIANA SPECIAL ASSESSMENT LEVEL APPLICATION

FREEZE
Permanently, Totally Disabled Homeowner

(Property must Qualify for Homestead Exemption)

APPLICATION FOR TAX YEAR: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

OWNER'S BIRTH DATE: ___/___/___ OWNER'S SS# XXX-XX-_____

IMPORTANT NOTE:
The assessment of residential property receiving the homestead exemption which is owned and occupied by any of the following and who meet all of the other requirements of this Section shall not be increased above the total assessment of that property for the first year that the owner qualifies for and receives the special assessment level provided that such person or persons remain qualified for and receive the special assessment level:

Any person or persons permanently totally disabled as determined by a final non-appealable judgment of a court or as certified by a state or federal administrative agency charged with the responsibility for making determinations regarding disability.

Adjusted Gross Income for the Year Prior to Application: $_____
(ADJUSTED GROSS INCOME MUST BE NO MORE THAN **$150,000.00** A YEAR)
(NOTE….IF MORE THAN ONE OWNER, YOU MUST COMBINE INCOMES IF YOU FILE SEPARATELY)

THE MAXIMUM ALLOWABLE GROSS INCOME WILL BE ADJUSTED ANNUALLY BY THE CONSUMER PRICE INDEX AS REPORTED BY THE UNITED STATES GOVERNMENT. IF THIS INCOME THRESHOLD IS SURPASSES THIS ASSESSMENT "FREEZE" WILL BE RENDERED INVALID.

I HAVE READ THE ABOVE INFORMATION AND CERTIFIY THAT THE INFORMATION REGARDING MY PERSONAL QUALIFICATIONS IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO MAKE ANY FALSE STATEMENTS FOR THE PURPOSE OF PROCURING A SPECIAL ASSESSMENT LEVEL.

_____ _____
OWNER DATE

_____ _____
OWNER DATE

ASSESSOR'S OFFICE USE ONLY:

ASSESSMENT#: _____ SEC/TWP/RNG: _____ LAND VALUE: _____
SUBDIVISION: _____ BLOCK: _____ LOT: _____ IMPROVEMENT VALUE: _____