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

AFFIDAVIT OF UNMARRIED SURVIVING SPOUSE
FOR FULL HOMESTEAD EXEMPTION

PARCEL NO. _____

PROPERTY OWNER: _____

PHYSICAL ADDRESS: _____

I hereby apply for the full Homestead Exemption of my property listed above, beginning the first year after 2017/2018 or the subsequent year in which I became eligible pursuant to Louisiana Constitution 7:21 (M).

I swear or affirm that I am the owner of and live in the property listed above and that the property was eligible for homestead and was the residence of my spouse who died while on duty or while performing said duties of their employment as described by LA Const. 7:21 (M) on _____ _____.

ATTACH LINE OF DUTY LETTER FROM EMPLOYER TO THIS AFFIDAVIT

For ad valorem taxes due in 2017 and thereafter, the exemption shall apply beginning in the tax year in which any of the following persons died or 2017, whichever is later:

_____ A member of the armed forces of the United States or the Louisiana National Guard who died while on active duty.
_____ A state police officer who died while on duty.
_____ A law enforcement or fire protection officer who qualified for the salary supplement authorized in Sec. 10(D)(3) of the Article who died while on duty.

For ad valorem taxes due in 2018 and thereafter, the exemption shall apply beginning in the tax year in which any of the following persons died or 2018, whichever is later:

_____ An emergency medical responder, technician, or paramedic, as such terms may be defined by law, who died while performing the duties of their employment.
_____ A volunteer firefighter, verified by the Office of the State Fire Marshal to have died while performing firefighting duties.
_____ A law enforcement or fire protection officer who died while on duty and who would have qualified for the salary supplement authorized in Sec. 10(D)(3) of the Article if he had completed the first year of his/her employment before his/her death.

A Surviving Spouse with income not exceeding $150,000.00 annually – qualifies for a freeze of their assessed value (must show proof of income and complete Disabled Homeowner's form)

As of today, _____, I swear or affirm that I am not/have not remarried _____(initial)

I further swear or affirm that I understand and acknowledge:

1. This affidavit must be filed annually with the assessor within the Parish where such homestead is situated prior to December 31st of the year in which the exemption is claimed.
2. In NO event shall more than one homestead exemption extend or apply to any person in this state.
3. I have not made any claim for a homestead exemption on any other property than the property listed above.
4. The initial valuation of the homestead shared by my spouse and myself is the valuation of the homestead exemption that will be fully applied now and at any point in the future should I carry the homestead forward to another property of greater value.

Sworn to and subscribed on the _____ day of _____, 20_____.

_____
Signed by Applicant/Property Owner

Assessed Value: _____ *Homestead Value:* _____

By Deputy Assessor: _____