



OCONEE COUNTY ASSESSOR

415 S. Pine St., Walhalla, SC 29691

Tel: (864) 638-4150

Email: Assessorinfo@oconeesc.com

DATE RECEIVED STAMP

LEGAL RESIDENCE SPECIAL ASSESSMENT (4%) APPLICATION

Deadline: Application must be filed before the first penalty date for the payment of taxes for the tax year for which the owner first claims eligibility. Failure to file within the prescribed time shall constitute abandonment of the owner's right for this classification for the current year.

Parcel Number:		Total Acres:	
Name & Mailing Address of Property Owner(s):			
Email Address:		Phone Number:	

Residence – All applicable questions must be answered.

- List the physical address of the property where you reside: _____
- List the month and year this property became your primary residence: _____
- Select the type of residence: Single Family Duplex Townhouse Condo
 Mobile Home *If mobile home, do you own or rent the land? (Circle one) **OWN / RENT***
- List other homes or structures on the property: _____
- I (we) own property **adjoining the subject.** **Yes** (list parcel number): _____ **No**
- Is any part of this property rented, leased, or used by someone other than the homeowner (commercial, apartment, lot, mobile home, vacation rental, etc.)?
 Yes - Attach an explanation, including the portion of the residence and number of days rented. **No**

Ownership – Please check any that apply.

- Total Ownership** - I (we) totally own the residence which is the subject of this application.
- Partial Ownership** - I (we) partially own the residence which is the subject of this application.
 - I (we) own at least twenty-five (25%) percent interest in the subject property with immediate family members.
 - I (we) own fifty (50%) percent or more interest in the subject property.
 - I (we) own less than fifty (50%) percent interest in the subject property. *Your exemption will be reduced to reflect your ownership interest in the property.*
- Trust Ownership** - The subject is held in trust and the income beneficiary of the trust occupies the property as a residence.
 - A copy of my Trust or Certification verifying the income beneficiary is attached.
- LLC Ownership** - The residence which is the subject of this application is owned by a Limited Liability Company (LLC)
 - A copy of my Articles of Organization listing the LLC members and their relationship to the applicant is attached.

Applicant Information – All questions must be answered.

- Select marital status: Never Married Widowed Divorced – **Copy of divorce decree required**
 Married – **List spouse's name and address if not listed above:** _____
- Do you file South Carolina resident for state & federal Income tax returns? **Yes** **No** – *Please attach an explanation*
- List the physical address of your previous residence: _____
Previous residence was: **Owned** **Rented** **Other**
Was your previous residence: **Sold** – *Provide proof of sale* **Not sold** – *provide proof of notification of prior taxing jurisdiction of change in residence.*
- Do you, your spouse, or any member of your household* maintain a primary residence in another county, state, or country? **Yes** – *Please attach an explanation* **No**
- Do you, your spouse, or any member of your household* own other real property anywhere (including titled in a LLC, LLP, Trust, etc.)? **Yes** – *Please attach an explanation* **No**
- Are you a member of the military: **Yes** – *Please provide a copy of Active Duty Orders, LES, and Military ID* **No**

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Required Documents		
1	Provide copies of SC Driver's Licenses/ID Cards reflecting the address of this property for all owner-occupants and spouse.	
2	Do you/your spouse own any vehicles? <input type="checkbox"/> Yes – Provide copies of vehicle registrations	<input type="checkbox"/> No
3	Are you/your spouse registered voters? <input type="checkbox"/> Yes – Provide copies of voter's registrations	<input type="checkbox"/> No
Other documentation may be required if, on examining this application, the Assessor determines that additional proof of legal residence is necessary. You will be notified in writing of any requests for additional documentation.		

Prior year refund request (OPTIONAL) – Complete this section if you are requesting legal residence for a prior tax year.	
1	Prior tax year(s) requested (maximum two years): _____
2	Minimum required documents:
	<input type="checkbox"/> Copies of owner-occupant SC motor vehicle registration(s) <u>dated for the tax year(s) requested.</u>
	<input type="checkbox"/> Copies of owner-occupant pay stubs / social security checks / retirement checks, etc. showing the subject address and <u>dated for the tax years requested.</u> REDACT financial information (amounts, account numbers, etc.)
3	Additional supporting documents:
	<input type="checkbox"/> A copy of both Federal & State Tax Returns (including schedules A, C, E & Form 8829 if applicable) for the applicable tax year(s). Tax returns must be supplied for all owner-occupants, including spouse (if married). REDACT income, social security, account/routing numbers and ALL information pertaining to any minors (names, social security, date of birth, etc).
	<input type="checkbox"/> Copy of bank statements showing subject address dated for the tax year(s) requested. REDACT financial information.
	<input type="checkbox"/> Two (2) Letters of Responsibility from utility companies (electric and water/sewer) showing when you started receiving service in your name. These letters must reflect the mailing address used for each tax year in question.
	<input type="checkbox"/> Additional proof the Assessor deems necessary to determine eligibility: _____
Required: I certify under penalty of perjury under the laws of the State of South Carolina that the foregoing and all information herein, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. That the residence which is the subject of this application is my legal residence for the tax year(s) in question, and that neither I, nor any member of my household*, claimed to be a legal resident of a jurisdiction other than South Carolina for any purpose for the tax year(s) in question; and that neither I, nor a member of my household*, claimed the special assessment ratio allowed by this section on another residence for the tax year(s) in question.	
	Initial Here

Acknowledgements and Certification		
I understand that the filing of this application does not preclude my tax liability. Property tax due dates are not affected by this application. Penalties are not waived for late payment.		Initial Here
I acknowledge that I have read and understand SC Code of Laws §12-43-220(c)(2)(vii) which reads as follows: “If a person signs the certification, obtains the four percent assessment ratio, and is thereafter found not eligible, or thereafter loses eligibility and fails to notify the assessor within six months, a penalty is imposed equal to one hundred percent of the tax paid, plus interest on that amount at the rate of one-half of one percent a month, but in no case less than thirty dollars nor more than the current year's taxes. This penalty and any interest are considered ad valorem taxes due on the property for purposes of collection and enforcement.”		Initial Here
Under penalty of perjury I certify that: (A) the residence which is the subject of this application is my legal residence and where I am domiciled at the time of this application and that neither I, nor any member of my household, claim to be a legal resident of a jurisdiction other than South Carolina for any purpose; and (B) that neither I, nor a member of my household, claim the special assessment ratio allowed by this section on another residence.		Initial Here
OWNER-OCCUPANT SIGNATURE REQUIRED	SSN (LAST 4 DIGITS)	DATE
	XXX-XX-	
CO-OWNER / SPOUSE SIGNATURE REQUIRED	SSN (LAST 4 DIGITS)	DATE
	XXX-XX-	
SIGNATURE OF: (Circle One) OWNER / SPOUSE / APPLICANT	SSN (LAST 4 DIGITS)	DATE
	XXX-XX-	
SIGNATURE OF: (Circle One) OWNER / SPOUSE / APPLICANT	SSN (LAST 4 DIGITS)	DATE
	XXX-XX-	

For office use only: Approved / Denied By: _____ Date: _____ Tax Year(s) Approved: _____