

Tax Year: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

**APPLICATION FOR SPECIAL ASSESSMENT AS LEGAL RESIDENCE (4%)**

**Colleton County Assessor's Office**

Mail Original application to:  
Post Office Box 1166  
Walterboro, South Carolina 29488

**DO NOT FAX**  
31 Klein St., Room 309  
Telephone (843)549-1213

NAME & MAILING ADDRESS OF PROPERTY OWNER	PROPERTY LOCATION AND LEGAL DESCRIPTION
  (PLEASE CORRECT MAILING ADDRESS IF NECESSARY)	

**Application must be filed with the Assessor before the first penalty date for the payment of taxes due (by January 15th)**  
PLEASE SEE **THE INFORMATION ON APPLYING FOR SPECIAL ASSESSEMENT AS LEGAL RESIDENCE.**

**NOTE:** *If more than one legal residence on the property, you must file a form for each.*

- PHYSICAL STREET ADDRESS of owner's primary legal residence: \_\_\_\_\_  
Date applicant began to occupy the property: \_\_\_\_\_
- Type of residence:  Single Family  Duplex  Townhouse  Condo  Separate Parcel as Yard  
 Mobile Home Decal # \_\_\_\_\_ Do you own the land the mobile home is on?  Yes  No
- Colleton County Precinct in which registered to vote: \_\_\_\_\_
- Is this property rented for any period of time during the year?  Yes  No # of days rented \_\_\_\_\_
- Is this property subject to vacation rentals or a lease agreement?  Yes  No If yes, provide details. \_\_\_\_\_
- Is any part of this property (commercial, apartment, lot, mobile home, etc.) rented or used by someone other than the owner?  Yes  No If yes, describe. \_\_\_\_\_
- Do you, your spouse or any of your dependents maintain another residence in this or any other County or State?  Yes  No If yes, where? \_\_\_\_\_
- Is the property held in trust?  Yes  No IF YES, is the property occupied as a residence by the income beneficiary of the trust?  Yes  No IF YES - We may request copies of applicable trust.
- Do you file a South Carolina State Resident income tax return?  Yes  No (If no, attach explanation)
- Is this property heir's property?  Yes  No State relationship to owner: \_\_\_\_\_
- STREET ADDRESS of owner's PREVIOUS residence. \_\_\_\_\_  
Was this property qualified for any type of residential exemption? \_\_\_\_\_ Has it been sold? \_\_\_\_\_ Date Sold \_\_\_\_\_  
SC Driver's License Number Required: Owner: \_\_\_\_\_ Spouse: \_\_\_\_\_

**"Under the 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 I do not claim to be a legal resident of a jurisdiction other than South Carolina for any purpose; and (B) that neither I nor any other member of my household is residing in or occupying any other residence which I or any member of my immediate family has qualified for the special assessment ratio allowed by this section."**

For purposes of item (B), "a member of my household" means: (A) the owner/occupant's spouse, except when that spouse is legally separated from the owner/occupant; and (B) any child of the owner/occupant claimed or eligible to be claimed as a dependent on the owner/occupant's Federal Income Tax Return.

\_\_\_\_\_  
**REQUIRED - Owner / Occupant's Signature** Social Security Number \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**REQUIRED-Spouse's Signature: Required if legally married OR Co-Owner's Signature IF Occupant** Social Security Number \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Initial here if unmarried** \_\_\_\_\_

If agent signed for owner, give relationship and mailing address: \_\_\_\_\_

Office Use ONLY

Tax District: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
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Issued by: \_\_\_\_\_ Date: \_\_\_\_\_