



# Paul Brawley

## Richland County Auditor

2020 Hampton Street • P.O. Box 192 • Columbia, South Carolina • 29202  
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### APPLICATION FOR HOMESTEAD EXEMPTION

Tax Map #: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Tax District: \_\_\_\_\_  
First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Social Security NBR: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Telephone NBR: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

#### IF PROPERTY IS JOINTLY OWNED PLEASE COMPLETE THE FOLLOWING:

Joint Owner's Name: \_\_\_\_\_ Spouse: Yes  No   
Date of Birth: \_\_\_\_\_ Social Security NBR: \_\_\_\_\_ NBR of Joint Owners: \_\_\_\_\_  
Date of Marriage \_\_\_\_\_ County of Marriage \_\_\_\_\_ State of Marriage \_\_\_\_\_

Location of Dwelling: \_\_\_\_\_ Permanent Dwelling: Yes  No   
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Mobile Home: Yes  No   
Commercial Property or Multi-Family Dwelling? Yes  No   
Property Leased or Rented in the past year or year Homestead is claimed? Yes  No   
If property is held in Trust, are you a beneficiary of the Trust? Yes  No   
Is this dwelling located within the corporate limits of a Municipality? Yes  No

I (we) do 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. The above identified property is my (our) permanent home and legal residence, and I am entitled to the Homestead Exemption. I (we) have not applied for such an exemption in any other county or state.

#### SOURCE OF PROOF AGE:

- Birth Certificate
- Drivers License

#### TYPE OF DISABILITY:

- Blind – Letter of eligibility
- Disabled – Letter stating date of disability
- Other: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

#### FOR OFFICE USE ONLY

I certify that the applicant named above is entitled to the Homestead Tax Exemption and further that the County Treasurer shall use this certificate as authorization to abate the amount of the homestead taxes allowed by statute.

County Auditor \_\_\_\_\_ Date: \_\_\_\_\_

Homestead Exemption Application Number: \_\_\_\_\_