



Paul Brawley

Richland County Auditor

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APPLICATION FOR HOMESTEAD EXEMPTION

Control Number: _____ 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: _____

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

SOURCE OF PROOF AGE:

- Medicare or Medicaid Card
- 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: _____