



St. Tammany Parish Assessor's Office

Louis Fitzmorris Assessor

St. Tammany Parish Justice Center
701 North Columbia Street • Covington, Louisiana 70433

HOMESTEAD EXEMPTION APPLICATION

YEAR: _____ DATE: _____ STAFF INITIALS: _____

ASSESSMENT NUMBER: _____

NAME: _____

LAST FIRST MIDDLE INITIAL

PREVIOUS OWNER: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION: _____

APPROXIMATE YEAR HOME BUILT _____ PURCHASE PRICE: \$ _____

IF IMPROVEMENTS ACQUIRED SEPARATELY, VALUE OF IMPROVEMENTS: \$ _____ Date: _____

DESCRIPTION OF IMPROVEMENTS

TYPE	STYLE	EXTERIOR WALLS	FOUNDATION
Single-family _____	Number Stories _____	Hardboard/Stucco _____	Piers _____
Multiple-family _____	Split Level _____	Siding/Shingle _____	Slab _____
Townhouse _____	1 Story _____	Masonry Veneer _____	Others _____
Mobile Home _____	1½ Story _____	Face Brick/Stone _____	

APPROXIMATE LIVING AREA SQUARE FOOTAGE: _____ (does not include porches, garages, etc.)

APPROXIMATE TOTAL SQUARE FOOTAGE: _____ (includes porches, garages, etc.)

LIVING AREA

AMENITIES

No. Bedrooms _____	Utility Room _____	Dock _____
No. Bathrooms _____	Fireplace _____	Boathouse _____
Den/Bonus Rm. _____	Pool _____	GARAGE - 1 2 3 Circle One
Living Room _____	Deck _____	CARPORT - 1 2 3 Circle One
Dining Room _____	Patio _____	
Outdoor Kitchen _____	Covered Patio _____	Guest House _____ Sq Ft _____

I hereby confirm that I currently own and occupy the property described herein and that I am not claiming any other property as my homestead for purposes of this exemption. If I do currently have a homestead exemption elsewhere in Louisiana, I will notify the Assessor of the parish or district where such property is located within 60 days of my intent to cancel my claim for such homestead exemption. (LSA-R.S.: 47:1703.1)

DATE: ____/____/____

TAXPAYER'S SIGNATURE

TELEPHONE: (H): _____ (W): _____ (C): _____ E-MAIL _____

FOR ASSESSOR'S USE ONLY

PREVIOUS OWNER: _____

PREVIOUS ASSESSMENT NUMBER IF FROM BULKASSESSMENT: _____

RECORDING DATE: ____/____/____ INSTRUMENT NO: _____

C/O Done _____ Transferred Early _____ Previous H/S Removed _____ RPT Done _____



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HOMESTEAD EXEMPTION APPLICATION FOR THE TAX YEAR _____

Is the property owned by a Trust? YES NO (Circle one)
 If yes, is the Trustee the person for whom the Trust was created? YES NO (Circle one)
 Is the Trustee the principal beneficiary of the Trust? YES NO (Circle one)
 Does the Trustee reside at this location? YES NO (Circle one)
 Does the principal beneficiary of the Trust reside at this location? YES NO (Circle one)

Do you currently have a Homestead Exemption on another property in St. Tammany Parish or any other parish within the State of Louisiana? YES NO (Circle one)
 If YES, which parish? _____
 Address of other homestead exemption: _____

Is any portion of this property used for a commercial business? YES NO (Circle one)
 If YES, what is the square footage of the commercial portion of the building? _____
 What is the square footage of the residential portion of the building? _____
 What type of business is operated at this location? _____

PERCENTAGE OF OWNERSHIP: _____ %
 If percentage less than 100% do any other owners occupy home? _____ Name _____ Percentage of ownership? _____

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PENALTIES FOR FALSE STATEMENTS:

Any person who, either in his individual or representative capacity, knowingly makes any false statement or knowingly furnishes any false information in any affidavit or other document that he/she may present for the purpose of procuring or attempting to procure this tax exemption or benefit under the provision of this section, or who knowingly, for the purpose of securing such tax exemption, presents any affidavit or other document containing any false statement or any person aiding, assisting or abetting any such person in unlawfully and knowingly securing or attempting to secure any such tax exemption, with knowledge or such false or illegal application of such false statement, shall be guilty of a misdemeanor, punishable as hereinafter provided:

Upon conviction for a violation of any of the provisions of the subsection, the offender shall be punishable by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment of not less than one month nor more than six months, or both.

SIGNATURE OF OWNER _____ DATE _____ ADDITIONAL OWNER'S SIGNATURE (If applicable) _____ DATE _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBERS _____
 OFFICE CELL HOME E-MAIL

ASSESSMENT NO _____

DEPUTY ASSESSOR _____