

SUMTER COUNTY ASSESSOR
13 E CANAL ST.
SUMTER SC 29150
(803) 436-2115

Tax Year: _____

NAME & ADDRESS

MAILING ADDRESS

Insure that your mailing address is correct at the Auditor's Office

1. TMS NO.: _____

2. ADDRESS OF OWNERS DOMICILE (residence): _____

3. ANY PORTION OF THIS PROPERTY RENTED? YES ___ NO ___

4. PREVIOUS ADDRESS: _____

City _____ State _____ Zip _____

5. WAS PREVIOUS RESIDENCE RENTED OR OWNED? _____

6. DO YOU OWN ANOTHER HOME? _____

_____ CITY _____ ST _____ ZIP _____

12-43-220 (c) (1) A residence does not qualify as a legal residence unless the property is determined to be the domicile of (occupied by) the owner - applicant. A tax payer may receive the 4 % assessment ratio on only one residence for a tax year.

(c)(i) Owner must have been domicile (living) at that address for some period during the applicable tax year and remain in the status at the time of filing the application required.

(2)(vii) If owner moves out and fails to notify the assessor within six months, a penalty is imposed equal to one hundred percent of taxes paid, plus interest

(a)(iv)(b) Copy of vehicle registration and/or S. C. individual income tax.

(a)(iv)(c) Copy of S.C. driver's license or SCDMV identification card showing correct address and a utility bill showing services at location address. DL # _____

Military-copy of utility bill showing services at location address, Military ID and current Orders (showing SC as the permanent duty station)

Verified Military information: YES ___ No ___

Property must be owned by occupant and documents must be recorded in the Register of Deeds during the year of the requested special assessment and prior to application.

Contract of Sale is recorded: YES ___ NO ___ Book & Page Number _____

'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 Domicile at the time of this application and that neither I, nor any member of my household, claim to be 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.'

SPOUSE NAME: _____

Signature: _____

SSN# XXX-XX-____ Spouse XXX-XX-_____

**A release from the County Assessor for the previous address may be required for qualification.

Phone # _____ Date: _____

(FOR OFFICE USE ONLY) APPROVED, YES ___ NO ___ APPROVED BY _____

Comments:

Input completed by: _____ Date: _____

Relationship to owner(s): _____

0%-49%: if not immediate family, based on ownership %.

25%- 49%: if owned with immediate family, 100% owner occupied.

50% and up: if not immediate family, based on ownership %.

Revised 01-23-2014