

TM#

APPLICATION FOR SPECIAL ASSESSMENT AS LEGAL RESIDENCE

McCormick County Assessor's Office  
County Courthouse  
133 S Mine St, Room 201  
McCormick, South Carolina 29835  
Phone 864-852-2931

<u>Property Owner Name &amp; Mailing Address</u>	<u>Property Location &amp; Legal Description</u>	<u>School or Tax District</u>  <u>Tax Year</u>
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Property Owner \_\_\_\_\_ Social Security # \_\_\_\_\_

Property Owner  
Or (Spouse's Name) \_\_\_\_\_ Social Security # \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_

Are there other buildings including apartments, mobile homes, or land area rented? Yes ( ) No ( )

If yes, describe \_\_\_\_\_

Date in which you occupied above referenced property \_\_\_\_\_

If your legal residence is a mobile home, what is your decal number? \_\_\_\_\_

Do you own the land your mobile home is on? Yes ( ) No ( )

Precinct in which registered to vote \_\_\_\_\_

Did you receive legal residence at your previous address? Yes ( ) No ( )

If yes, what is the location of that property? \_\_\_\_\_

Has the property been sold? Yes ( ) No ( ) If yes, what was the sale date (mo/yr)? \_\_\_\_\_

Section 12-43-220 (c) (1) of the SC Code of Laws requires that the applicant sign the following statement:

Under penalty of perjury, I certify that the residence which is the subject of this application is my legal residence and where I am domiciled; and that neither I nor any other member of my household own any other residence in South Carolina which currently receives the owner-occupant four percent assessment ratio.

\*"A member of my household" means: (a) the owner-occupant's spouse, except when that spouse is legally separated from the owner-occupant; (b) any child of the owner-occupant claimed or eligible to be claimed as dependent of the owner-occupant's federal income tax return.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Office Use: Qualified YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_