

# APPLICATION FOR SPECIAL ASSESSMENT AS LEGAL RESIDENCE

GREENWOOD COUNTY ASSESSOR'S OFFICE  
 528 MONUMENT STREET  
 ROOM 109 COURTHOUSE  
 GREENWOOD SC 29646

PHONE (864) 942-8537 or (864) 942-8536  
 FAX (864) 942-8660  
 EMAIL: [assessor@greenwoodsc.gov](mailto:assessor@greenwoodsc.gov)

**FAILURE TO RETURN APPLICATION WILL RESULT IN HIGHER TAXES**

NAME AND MAILING ADDRESS OF PROPERTY OWNER	PROPERTY LOCATION AND LEGAL DESCRIPTION				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 70%;">TAX MAP NUMBER</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 30%;">TAX YEAR</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	TAX MAP NUMBER	TAX YEAR	_____	_____
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_____	_____				

**SOUTH CAROLINA DRIVERS LICENSES AND VEHICLES, BOTH OWNER AND SPOUSE, MUST BE AT THIS ADDRESS**

The owner-occupant may be asked to provide proof the assessor requires including, but not limited to:

- 1) Copies of SC Motor vehicle registration and Drivers License for all owners.
- 2) Copies of SC State and Federal income tax returns
- 3) Copies of voter registration card or current utility bills showing the owner-occupant name, mailing address and property location.

ALL QUESTIONS must be answered and owner-occupant **MUST** sign before application will be processed.

**PLEASE SEE REVERSE SIDE.**

Comments or questions:

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Sections 12-43-220 (c) of the South Carolina 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 at the time of this application and that I do not claim to be a legal resident of a jurisdiction other than South Carolina for any purpose; and that neither I nor any other member of my household is residing in or occupying any other residence which I or any member of my immediate family has qualified for the special assessment ratio allowed by this section.

“A member of my household” means: (a) the owner-occupants spouse, except when that spouse is legally separated from the owner-occupant; (b) any child under the age of eighteen years of the owner-occupant claimed or eligible to be claimed as dependent on the owner-occupants federal tax returns.

For Office Use Only:

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

Notes: \_\_\_\_\_

**For all occupants list full name, social security number, percent owned and relation to owner to be qualified.**

**Maiden name required if married. Spouse information required on ALL applications.**

**Occupant's name** \_\_\_\_\_ Date of birth \_\_\_\_\_

Social security number (last 4 numbers) \_\_\_\_\_ relationship to owner \_\_\_\_\_

Percent owned \_\_\_\_\_ (if more than one owner)

Please check appropriate box  married  separated  divorced  widowed  never married

(If **separated** please provide separate maintenance agreement signed by Family Court Judge)

**Spouse name** \_\_\_\_\_ Date of birth \_\_\_\_\_

Social security number (last 4 numbers) \_\_\_\_\_ relationship to owner \_\_\_\_\_

Percent owned \_\_\_\_\_ (if more than one owner)

**Other occupants or owners name** \_\_\_\_\_ Date of birth \_\_\_\_\_

Social security number (last 4 numbers) \_\_\_\_\_ relationship to owner \_\_\_\_\_

Percent owned \_\_\_\_\_ (if more than one owner)

**Do you have a valid SC driver license or ID card?** \_\_\_\_\_ **If yes, DL Number** \_\_\_\_\_

Spouse DL # \_\_\_\_\_ (Driver license and ID must show current address for owner-occupant **AND** spouse)

*Vehicles must also be registered at current address, if no vehicles are registered in your name, you must sign affidavit to explain why.*

Are you registered to vote in Greenwood County?  Yes  No

Is any part of the property used for business or rented any time during the year; or used by someone other

than the owner? \_\_\_\_\_ If yes please explain. \_\_\_\_\_

**Date applicant moved in the property.** \_\_\_\_\_

Is residence a mobile home? \_\_\_\_\_ (If yes provide decal # \_\_\_\_\_)

Do you own the land where the mobile home is located? \_\_\_\_\_

Is the property subject to land/installment contract or bond for title? \_\_\_\_\_

Do you, your spouse or any member of your household own another residence(s) anywhere in the United States? \_\_\_\_\_

If yes, List ALL addresses showing city, county and state. (If more room is needed use a separate piece of paper)

**What is your previous address?** \_\_\_\_\_

What is your spouse's previous address (if married or separated)? \_\_\_\_\_

Did you rent your previous address? \_\_\_\_\_ Did you own your previous address? \_\_\_\_\_

If owned, has the property been sold? \_\_\_\_\_ Date sold. \_\_\_\_\_

**Under penalty of perjury, I certify the above information is correct and have read and completed both sides.**

**Signature of owner-occupant** *will not be processed if not signed*

**Date** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_