

Brent Rutherford
Beauregard Parish Assessor
P.O. Box 477
DeRidder, LA 70634

Veterans with Service Connected Disability of 100% Unemployability Rating or Totally Disabled

(Property Must Be Homestead Exempt to Qualify)

APPLICATION FOR TAX YEAR: 2021

OWNER'S NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

OWNER'S BIRTH DATE: ___/___/___

OWNER'S SS# ___ - ___ - _____

PERCENTAGE OF DISABILITY: _____% **(Proof must be provided with this form)**

IMPORTANT NOTE:

In addition to the homestead exemption authorized under the provisions of Article VII, Section 20 of this constitution, which applies to the first seven thousand five hundred dollars of the assessed valuation of property, the next seven thousand five hundred dollars of the assessed valuation of property receiving the homestead exemption that is owned and occupied by a veteran with a service-connected disability rating of 100% unemployability or totally disabled by the United States Department of Veterans Affairs shall be exempt from ad valorem taxation. The surviving spouse of a deceased veteran with a service-connected disability rating of 100% unemployability or totally disabled by the United States Department of Veterans Affairs shall be eligible for this exemption if the surviving spouse occupies and remains the owner of the property, whether or not the exemption was in effect on the property prior to the death of the veteran. If property eligible for the exemption provided for in this Paragraph has an assessed value in excess of fifteen thousand dollars, ad valorem property taxes shall apply to the assessment in excess of fifteen thousand dollars.

I HAVE READ THE ABOVE INFORMATION AND CERTIFY THAT THE INFORMATION REGARDING MY PERSONAL QUALIFICATIONS IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO MAKE ANY FALSE STATEMENTS FOR THE PURPOSE OF PROCURING THIS EXEMPTION.

OWNER

DATE

OWNER

DATE

ASSESSOR'S OFFICE USE ONLY:

ASSESSMENT#: _____ SEC/TWP/RNG: _____ LAND VALUE: _____

SUBDIVISION: _____ BLOCK: _____ LOT: _____ IMPROVEMENT VALUE: _____