

OFFICE OF THE COUNTY AUDITOR



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APPLICATION FOR HOMESTEAD

NAME _____

NAME (2) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDAY _____ SOCIAL SECURITY # (LAST 4) _____

PHONE # _____

JOINT APPLICANTS NAME _____

BIRTHDAY _____ SOCIAL SECURITY # (LAST 4) _____

YRS LIVED IN SC _____ OWN OTHER REAL ESTATE? _____ (Y or N)

DATE OF APPLICATION _____ SIGNATURE _____

PLEASE ENSURE THAT A COPY OF THE APPLICANTS' DRIVERS LICENSE IS INCLUDED WITH THIS APPLICATION WHEN MAILED IN.

IF YOU ARE APPLYING BASED OFF OF DISABILITY, PLEASE ENSURE THAT YOU INCLUDE A COPY OF YOUR AWARDS LETTER.

****THE APPLICATION WILL BE CONSIDERED INCOMPLETE WITHOUT THE COPY OF THE AWARDS LETTER.****