



# Patricia Schwarz Core

*Certified Louisiana Assessor*  
*St. Tammany Parish Justice Center*  
*701 North Columbia Street*  
*Covington, Louisiana 70433*

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## AFFIDAVIT FOR CONTINUATION OF SPECIAL ASSESSMENT LEVEL

STATE OF LOUISIANA  
PARISH OF ST. TAMMANY

I hereby request that the Special Assessment Level for my property located at \_\_\_\_\_, be continued pursuant to Act No. 30 & Act No. 70 of the 2005 Special Session. I swear or affirm that I am the owner of the property listed above. I swear or affirm that the property listed above was damaged or destroyed on or about \_\_\_\_\_ 200\_\_, during a disaster or emergency declared by the Governor. I swear or affirm that I was unable to occupy the homestead on or before December thirty-first of tax year 200\_\_, due to such damage or destruction. I declare my intent to return and reoccupy the Homestead within 5 years from December thirty-first of the year following the disaster.

I further swear or affirm that I understand and acknowledge:

1. That this affidavit must be filed annually with the assessor within the parish or district where such homestead is situated prior to December thirty-first of the year in which the exemption is claimed.
2. That the repaired or rebuilt homestead has to be reoccupied by the owner within five years from December thirty-first of the year following the disaster.
3. That in no event shall more than one homestead exemption extend or apply to any person in this state.
4. That I have not made any claim for a homestead exemption on any other property than the property listed above.
5. That if the property owner receives a homestead exemption on another homestead during the same five-year period, the damaged or destroyed property shall not be entitled to keep the special assessment level, and the land and buildings shall be assessed in that year at the percentage of fair market value set forth in the constitution.
6. That the property owner must also maintain the homestead exemption set forth in Article VII, section 20(A)(10) to qualify for the special assessment level.

Sworn to and subscribed in the presence of the undersigned Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signed Taxpayer / Property Owner  
Current Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Property Address \_\_\_\_\_

\_\_\_\_\_  
Legal Description of Property \_\_\_\_\_

\_\_\_\_\_  
Assessment Number (if known) \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
**NOTARY ID#** \_\_\_\_\_

State of \_\_\_\_\_  
Parish / County \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_