## 2023 PERMANENT HOMESTEAD EXEMPTION APPLICATION **MOBILE HOME**

## CHARLES R. HENINGTON, JR., C.L.A. ASSESSOR FOR CADDO PARISH 102 COURTHOUSE, SHREVEPORT, LOUISIANA 71101

## INFORMATION FROM DEED

| CONVEYANCE BOOK/PAGE OR INSTRUMENT NUMBER RECORDING DATE                  |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|---------------|------------------|-------------|
| SELLER                                                                    | R'S/DONOR'S NAM                                                                         | ME                               |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| PURCH                                                                     | ASER'S/DONEE'S                                                                          | S NAME                           |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
|                                                                           |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
|                                                                           | GEOGRAPHIC #                                                                            |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
|                                                                           |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| APPLIC                                                                    | ANT'S MAILING                                                                           | ADDRESS                          |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| CITY                                                                      |                                                                                         |                                  |                                                                                                                                                                                                                                                                  | ZIP          |            | OME           | WORK/CELL        |             |
| PROPE                                                                     | RTY ADDRESS                                                                             |                                  |                                                                                                                                                                                                                                                                  |              |            | CITY          |                  |             |
| IF YOU                                                                    | J OWN OTHER                                                                             | PROPERTY I                       | N CADDO                                                                                                                                                                                                                                                          | PARISH, PLE  | ASE COMPLE | TE A CHANGE ( | OF ADDRESS FORM  |             |
| (1) DID YOU HAVE A PERMANENT HOMESTEAD EXEMPTION FOR 2022?                |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| (2) IF ANSWER TO (1) IS YES, WHAT WAS THE ADDRESS?                        |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| (3) HAVE YOU ALREADY SIGNED A HOMESTEAD EXEMPTION FOR 20 <u>23</u> ?      |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| (4) IF ANSWER TO (3) IS YES, WHAT WAS THE ADDRESS?                        |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| (5) DATE YOU PURCHASED MOBILE HOMEMAKE/MODEL                              |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
|                                                                           |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               | A/C              |             |
|                                                                           | BEDROOMS_                                                                               | BATH                             | (S)                                                                                                                                                                                                                                                              | _OTHER       |            |               |                  |             |
| (6) FROM WHOM DID YOU PURCHASE THE MOBILE HOME?                           |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| (7                                                                        | (7) WHERE WAS THE MOBILE HOME LOCATED LAST YEAR?                                        |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| APPLICANT'S STATEMENT: I/WE DO DECLARE THAT THI OCCUPY SAME FOR THIS PURF |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            | WE ARE NOT CL | AIMING ANY OTHER | PROPERTY AS |
| 14, SEC<br>FELON'<br>ANY FA                                               | REVISED STATU<br>CTION 133 MAKE<br>Y FOR ANY PERS<br>LLSE PUBLIC REC<br>LEDGE OF ITS FA | S IT A<br>ON TO FILE<br>ORD WITH | MY/OUR HOME. IN ACCORDANCE WITH R. S. 47:1703.1, AND I/WE FURTHER UNDERSTAND IF ANY CHANGE IN OWNERSHIP OCCURS OR IF I/WE MOVE FROM THIS PROPERTY THAT IT IS REQUIRED THAT I/WE NOTIFY YOUR OFFICE WITHIN 60 DAYS OF EITHER OF THESE CHANGES. (SEE NOTE TO LEFT) |              |            |               |                  |             |
| DATE                                                                      |                                                                                         | APPLICANT'S                      | S SIGNATUI                                                                                                                                                                                                                                                       | RE           |            |               |                  |             |
|                                                                           |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               | *******          |             |
| 20GEOGRAPHIC # WERE IMPS ASSESSED IN 20?                                  |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| APPLIC                                                                    | ANT'S NAME                                                                              |                                  | DATE MAILED                                                                                                                                                                                                                                                      |              |            |               |                  |             |
| TYPE:                                                                     | OWNER                                                                                   | USUFRUCT                         | H                                                                                                                                                                                                                                                                | -BALANCE AMO | OUNT       |               |                  |             |
| PRIMARY ACCOUNT #                                                         |                                                                                         |                                  |                                                                                                                                                                                                                                                                  |              | LAND       | IMP           | S                | _           |
| REMAR                                                                     | KS                                                                                      |                                  |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |
| APPLIC                                                                    | ATION TAKEN B                                                                           | Y:                               |                                                                                                                                                                                                                                                                  |              |            |               |                  |             |