

NEW PERMANENT HOMESTEAD EXEMPTION APPLICATION
INFORMATION FROM DEED



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CONVEYANCE BOOK/PAGE OR INSTRUMENT NUMBER _____ RECORDING DATE _____
PURCHASER'S/DONEE'S NAME _____

PROPERTY DESCRIPTION _____
GEOGRAPHIC # _____
TO BE FILLED OUT BY APPLICANT (BLACK OR BLUE INK)

WAS THIS HOUSE BUILT/COMPLETED BEFORE JANUARY 2025? IF YES, CONTINUE. IF NO, YOU DO NOT QUALIFY FOR A 2025 HOMESTEAD EXEMPTION.

ARE YOU CURRENTLY OCCUPYING THIS RESIDENCE? IF YES, CONTINUE. IF NO, YOU DO NOT QUALIFY FOR HOMESTEAD EXEMPTION.

APPLICANT'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE: HOME _____ WORK _____

PROPERTY ADDRESS _____ CITY _____ ZIP _____

IF YOU OWN OTHER PROPERTY IN CADDO PARISH, WOULD YOU LIKE THE ADDRESS CHANGED?

- (1) DID YOU HAVE HOMESTEAD EXEMPTION FOR 2024? _____
- (2) IF ANSWER TO (1) IS YES, WHAT WAS THE ADDRESS? _____
- (3) HAVE YOU ALREADY SIGNED HOMESTEAD EXEMPTION FOR 2025? _____
- (4) IF ANSWER TO (3) IS YES, WHAT WAS THE ADDRESS? _____

APPLICANT'S STATEMENT: I/WE DO DECLARE THAT THIS IS MY/OUR FAMILY HOME AND I/WE DO OWN AND OCCUPY SAME FOR THIS PURPOSE.

NOTE: REVISED STATUTE
TITLE 14, SECTION 133
MAKES IT A FELONY FOR ANY
PERSON TO FILE ANY FALSE
PUBLIC RECORD WITH KNOW-
LEDGE OF ITS FALSITY.

I/WE ARE NOT CLAIMING ANY OTHER PROPERTY AS MY/
OUR HOME. IN ACCORDANCE WITH R.S. 47:1703.1,
AND I/WE FURTHER UNDERSTAND IF ANY CHANGE
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 SIGNATURE _____

THIS APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND RETURNED IN THE ENCLOSED ENVELOPE TO THE CADDO PARISH TAX ASSESSOR'S OFFICE WITHIN THE NEXT 10 DAYS. THIS WILL ENABLE US TO PROCESS YOUR APPLICATION AND RETURN YOUR 2025 HOMESTEAD EXEMPTION RECEIPT TO YOU IN OCTOBER 2025. ANY TAX SALE, CHANGE IN OWNERSHIP OR LEGAL DESCRIPTION ON PROPERTY WILL CANCEL HOMESTEAD EXEMPTION.

DO NOT WRITE BELOW, FOR OFFICE USE ONLY

PRIMARY ACCOUNT NUMBER _____ TOTAL PRIMARY ASSESSMENT _____
HOMESTEAD BALANCE AMOUNT _____

REMARKS _____

DEPUTY _____ DATE _____