

2021



VETERANS
HOMESTEAD

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NEW PERMANENT HOMESTEAD EXEMPTION APPLICATION FOR 2021
INFORMATION FROM DEED

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 2021? IF YES, CONTINUE. IF NO, YOU DO NOT QUALIFY FOR A 2021 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 2020? _____

(2) IF ANSWER TO (1) IS YES, WHAT WAS THE ADDRESS? _____

(3) HAVE YOU ALREADY SIGNED HOMESTEAD EXEMPTION FOR 2021? _____

(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-
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 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 2021 HOMESTEAD EXEMPTION RECEIPT TO YOU IN OCTOBER 2021. 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 _____