

Barney M. Altazan, CLA



ASSESSOR

CHRIS GUERIN, CLDA
CHIEF DEPUTY

PARISH OF WEST BATON ROUGE
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850 EIGHTH STREET
COURTHOUSE BLDG., ROOM 11
PORT ALLEN, LOUISIANA
PHONE (225) 344-6777
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Louisiana Special Assessment Level Application (Subject to Homestead Exemption)

Application date: _____ Tax year applied: _____

Property address: _____

Owner's name: _____
(Last) (MI) (First)

- ____ 1. Age 65 or older
 - Date of Birth _____
- ____ 2. Veteran's Preference (Service connected disability 50%+)
 - Proof of status _____
- ____ 3. U.S. Armed Forces & LA Nat'l Guard - MIA/KIA/POW
 - Death certificate or military documents provided _____
- ____ 4. Disabled
 - Proof of total & permanent disability _____
- ____ 5. Disabled Veteran
 - Proof of 100% unemployability _____
- Proof of income provided (required) _____

Signature of owner _____ Date _____

Signature of witness _____ Date _____

Phone(home/cell): _____ Email address: _____

Assessor's office use only:

Assessor's office approval _____ Parcel # _____