

**KERSHAW COUNTY AUDITOR'S OFFICE**  
**APPLICATION FOR HOMESTEAD EXEMPTION**

**Please Note:** To apply for Homestead Exemption, you must submit your application to The Kershaw County Auditor's Office **IN PERSON**.

The Kershaw County Auditor's Office is located at The Kershaw County Government Center (515 Walnut Street, Camden, SC 29020). Normal operating hours are Monday – Friday from 8:30am – 5:00pm.

**APPLICANT INFORMATION**

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

**HOMESTEAD INFORMATION**

Homestead Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this your permanent home? YES \_\_\_ NO \_\_\_

Is there any commercial property or multi-family dwelling on this property?

YES \_\_\_ NO \_\_\_

Has this property been leased or rented in the past year or will it be leased or rented during the year for which the homestead is claimed? YES \_\_\_ NO \_\_\_

Is this property held in a trust? YES \_\_\_ NO \_\_\_

If so, are you the beneficiary? YES \_\_\_ NO \_\_\_

Is this a mobile home? YES \_\_\_ NO \_\_\_

If so, what is the color of the mobile home? \_\_\_\_\_

If so, what are the dimensions of the mobile home? \_\_\_\_\_ X \_\_\_\_\_

If so, what is the make of the mobile home? \_\_\_\_\_

If so, what is the year of the mobile home? \_\_\_\_\_

**Is this dwelling located within corporate limits of a municipality?** YES \_\_\_\_ NO \_\_\_\_

If so, what is the name of the municipality? \_\_\_\_\_

**Is this property jointly owned?** YES \_\_\_\_ NO \_\_\_\_

If so, what is the full name of the joint applicant? \_\_\_\_\_

If so, what is the joint applicant's date of birth? \_\_\_\_\_

If so, what is the joint applicant's social security number? \_\_\_\_\_

If so, is this person your spouse? YES \_\_\_\_ NO \_\_\_\_

**SOURCE OF PROOF AGE (Please check all that apply)**

\_\_\_\_\_ Medicare or Medicaid Card

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Blind

\_\_\_\_\_ Disabled

\_\_\_\_\_ Other \_\_\_\_\_

I (we) do hereby certify under penalty of perjury that the above information is true and correct, and that I (we) have been a resident of South Carolina for one year as of 31 December last, and that the above identified property is my permanent home and legal residence, and I am entitled to the Homestead Exemption; and further that I (we) have not applied for such exemption in any other county or state.

\_\_\_\_\_  
Signature of Applicant (or Agent)

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**FOR OFFICE USE ONLY**

TMS Number \_\_\_\_\_ Homestead Exemption Application Number \_\_\_\_\_

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