

**Special Assessment Level Application (Freeze): Senior Citizens, Disabled, & Disabled Veterans**

TC-65 (2006)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Blk \_\_\_\_\_ Lot \_\_\_\_\_

Sec Twp Rg \_\_\_\_\_

Assessment # \_\_\_\_\_ Parish: Webster

Book/Page \_\_\_\_\_ Entry# \_\_\_\_\_

Date of Occupancy \_\_\_\_\_

Please check all that apply:

1. Special Assessment Freeze \_\_\_\_\_

\*date of birth \_\_\_\_\_

\*proof of income provided \_\_\_\_\_

2. Veteran's Preference \_\_\_\_\_

\*proof of status \_\_\_\_\_

3. Disabled \_\_\_\_\_

\*proof of total & permanent disability \_\_\_\_\_

\*please identify and attach copy of proof

Comments:

Signature \_\_\_\_\_ Date: \_\_/\_\_/20\_\_

Witness \_\_\_\_\_ Date: \_\_/\_\_/20\_\_

For more information visit: [HTTP://www.latax.state.la.us](http://www.latax.state.la.us)