



**VERNON PARISH
ASSESSORS OFFICE**
vernonassessor.org

Michael C. Bealer, CLA
ASSESSOR

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First Name

Last Name

Physical Address (where I am requesting homestead exemption)

Mailing Address

City

State

Zip Code

Previous Residence Address

Phone Number

Email

Assessment #

Date Acquired (m/d/y)

Previous Owner

I am requesting the Homestead Exemption for the _____ tax year

By signing below I hereby certify that I am requesting homestead exemption on the above property and that I have read and understand the following:

I am only allowed one homestead exemption, and I must occupy the property in order to qualify. I understand if I no longer reside on the property I must notify the assessor's office to provide a forwarding address. I also understand that if I rent the property I must notify the assessor's office and it is no longer eligible for homestead exemption.

Signature

Sign Here



Today's Date (m/d/y)