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APPLICATION FOR PRIMARY OR SECONDARY RESIDENCE ON PERSONAL PROPERTY

Vehicle Identification Number: _____

Property Owner: _____ Special Mailing/New Address: _____
 Owner Name _____ Name _____
 Resident Address _____ Address _____
 City, State, Zipcode _____ City, State, Zipcode _____

Classification Requested (See SC Code of Laws Ann. § 12-37-224 (2006))

- 4% Primary Residence (Legal Domicile)
 - You must provide the following items as proof of eligibility for this classification.
 - Most recent state income tax return or South Carolina Voter Registration Card AND
 - SCDL or current bank statement, water bill, or cable bill
- 6% Secondary Residence

Acknowledgement (Initial Each Item)

_____ I certify that at the time of the application that neither I, nor any member of my household own ANY other property (real or personal), for which I make the same claim as indicated in this application as primary or secondary residence for income tax purposes.

_____ Should the property no longer meet the eligibility for this classification, I shall submit notification to Richland County Auditor's Office immediately.

_____ I certify that the personal property subject to this application for reduction of the tax ratio meets the IRS definition as a "qualified home" having sleeping, cooking, and toilet facilities.
 You must be able to answer 'yes' to the following questions in order to meet the qualifications:
 Camper houses full bathroom facilities including shower? _____ Yes _____ No
 Camper houses full kitchen facilities including stove and refrigerator? _____ Yes _____ No
 Camper houses full sleeping facilities including beds? _____ Yes _____ No

_____ I certify that I will notify the Richland County Auditor's Office in writing in the event that the residency status on the personal property has changed.

*If the camper is sold, please notify the auditor's office with your Bill of Sale or other documentation showing date of sale and purchaser's name and address. If the camper is destroyed or junked, additional documentation will be needed from the insurer and Department of Motor Vehicles.
 Your tax liability will remain with you unless documentation is presented.*

*******!!!! READ THE BELOW STATEMENT CAREFULLY BEFORE SIGNING THIS DOCUMENT !!!!!*******

I hereby certify that the information provided regarding the personal property subject to this application is correct. I understand that under applicable state law, incorrect or false information given may result in civil liability and or civil or criminal penalties, SC Code of Laws Ann. § 12-37-750 (2000), § 12-37-780 (2000), § 12-37-800 (2000).

 Signature Date Signature Date