



# Greenville County Auditor

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## Boat Residential Status Affidavit

This form is used to appeal the taxable value of a boat or watercraft vehicle for a 6% instead of a 10.5% tax rate. The application must be signed by the vehicle owner (or representative) and returned in person, via fax, or US Postal Service to the Auditor's Office within the statute of limitations.

### Owner Information

\_\_\_\_\_  
(Name-Please print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(E-mail)

**Is this property equipped with: cooking, sleeping and toilet facilities?**

**Yes** \_\_\_\_ : Continue to fill out the remainder of the form.

**No** \_\_\_\_ : Do not file this form, property does not qualify.

Note: Pursuant to SC Code Section 12-37-224, a motor home, boat, watercraft, or trailer used for camping or recreational travel qualifies for a 6% assessment ratio if the interest paid in connection with the vehicle qualifies for a Home Mortgage Interest deduction – or would have qualified if there is no indebtedness – under the Internal Revenue Code (i.e. interest on a primary or secondary residence).

**Does this property qualify as your primary residence?**

**Yes** \_\_\_\_ : Fill in the address on the "Primary Address" line below.

**No** \_\_\_\_ : Proceed to next question.

**Do you own any other property that might be claimed as a second residence?**

**Yes** \_\_\_\_ : Do not file this form. Property does not qualify.

**No** \_\_\_\_ : Proceed to next question.

**Please provide addresses for your primary and secondary residences.**

**Primary Address:** \_\_\_\_\_

**Secondary Address:** \_\_\_\_\_

### Watercraft Information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Hull ID# (WA \_\_\_\_\_) Title # (USCG Doc No.) \_\_\_\_\_

Under penalty of perjury pursuant to SC Code Section 12-37-800, my signature certifies the above information is true and accurate.

**Legal Signature** \_\_\_\_\_ **Owner** \_\_\_\_\_ **Agent** \_\_\_\_\_

**Office Representative** \_\_\_\_\_ **Date** \_\_\_\_\_