



Jasper County Auditor

POST OFFICE BOX 807 • RIDGELAND, SOUTH CAROLINA 29936
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AFFIDAVIT FOR QUALIFICATION OF MOTOR HOME CAMPER RESIDENCE STATUS PURSUANT SECTION 12-37-224

MOTOR HOME/CAMPER INFORMATION:

MAKE _____ SERIES _____ MODEL NUMBER _____

YEAR _____ VIN _____

OWNER _____

ADDRESS _____

CITY _____ SC ZIP _____ PHONE NUMBER _____

DATE ACQUIRED _____ PURCHASE PRICE _____

YOUR OPINION AS TO CURRENT FAIR MARKET VALUE _____

PERMANENT LOCATION ADDRESS OF MOTOR HOME/CAMPER IF DIFFERENT FROM ABOVE:

DOES THE UNIT CONTAIN:

SLEEPING FACILITIES:	_____ YES	_____ NO
COOKING FACILITIES:	_____ YES	_____ NO
TOILET FACILITIES:	_____ YES	_____ NO

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED MOTOR HOME/CAMPER QUALIFIES AS A PRIMARY OR SECONDARY RESIDENCE UNDER THE INTERNAL REVENUE CODE OF THE UNITED STATES OF AMERICA. (TO BE QUALIFIED UNDER THIS CODE, THIS MOTOR HOME/CAMPER MUST HAVE SEPARATE BUT DISTINCT SLEEPING, COOKING AND TOILET FACILITIES. ALSO, ONLY ONE SECOND RESIDENCE IS ALLOWED TO QUALIFY. IF YOU OR YOUR SPOUSE HAS REAL PROPERTY ALREADY RECEIVING THE SECOND HOME DESIGNATION, THIS MOTOR HOME/CAMPER WILL NOT QUALIFY.) I UNDERSTAND THAT GIVING FALSE OR MISLEADING INFORMATION COULD RESULT IN CIVIL LIABILITY AND/OR CRIMINAL PROSECUTION UNDER THE STATUTES FOR FRAUD FOUND IN THE SOUTH CAROLINA CODE OF LAWS.

PRINT NAME: _____ DATE: _____

OWNER SIGNATURE: _____

PLEASE COMPLETE THIS AFFIDAVIT AND RETURN TO THE OFFICE OF THE AUDITOR: PO BOX 807, RIDGELAND, SC 29936.