

PT 38 – ASSESSMENT FREEZE FOR THE ELDERLY & DISABLED (SDCL 10-6A)

(ATTACH – INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA FORM)

Applicant's Name _____

Applicant's Mailing Address _____

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HOUSEHOLD INFORMATION
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List all others living in the household. If you are applying as part of a multiple member household, you must include their income as well as your own. Please list other members of the household below.

Last Name First Name & Middle Initial Age Relationship Social Security No.

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PROPERTY INFORMATION
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Legal description of property for which assessment freeze is being made:

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ELIGIBILITY
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- A. Were you 65 on or before January 1, 2008 or disabled at anytime during 2007? YES NO
Proof of disability is required each year. Year became disabled _____
Did you turn 65 or become disabled in or prior to 1981? YES NO
(Base year assessment to be frozen - 1977)
B. Have you owned a single family dwelling for at least one year? YES NO
C. Have you been a resident of South Dakota for at least one year? YES NO
D. Have you lived in your single family dwelling for at least two hundred days of the previous calendar year? YES NO
E. Do you live alone and have a yearly income under \$22,573.68? YES NO
OR Do you live in a household whose members' combined income is under \$28,217.10? YES NO

I have examined this claim and it is correct to the best of my knowledge. I authorize any person holding official social security records, official public aid records, official veteran's administration records or any other records containing information relative to this claim to disclose the information contained on the records to county treasurer.

Claimant's signature date

Preparer's signature

Address City

Telephone Number

PT 38 – ASSESSMENT FREEZE FOR THE ELDERLY & DISABLED (SDCL 10-6A)

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

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Applicant's Name _____

Parcel number of property for which assessment freeze is to apply: _____

Is the above described property a single family dwelling, condominium, apartment or manufactured home?

Is the current full and true value less than \$154,950 _____

Base year _____ assessment to be frozen \$ _____

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TO BE COMPLETED BY COUNTY TREASURER

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I hereby certify this applicant meets all requirements for an assessment freeze as provided in SDCL 10-6A.
The base year for assessment freeze is _____.

Treasurer's Signature

date

PT 38 (07/07)

Original to County Treasurer

First copy to Director of Equalization

Second copy to Applicant

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA

1. Personal Information

Last Name	First Name	Social Security Number
Mailing Address	County	Telephone
City	State	Zip Code
	(month)	(day) (year)
		Birth Date

2. Income Calculation – Attach a copy of your completed 2007 Federal Income Tax Return

Federal Adjusted Gross Income	\$ _____	Excluded interest not yet listed	\$ _____
Wages, salaries, tips, other employee compensation	\$ _____	Alimony payments not yet listed	\$ _____
Interest	\$ _____		
Dividends	\$ _____	Support Payments	\$ _____
Self-employment (explain)	\$ _____	Cash Public Asst. & Relief	\$ _____
Social Security (attach a copy of Each household member SSA-1099)	\$ _____	Capitol Gains exc From adj. gross income	\$ _____
Medicare premiums	\$ _____	Workers Comp	\$ _____
Title 19, 20 or SSI	\$ _____	Loss of time insurance	\$ _____
Veterans benefits	\$ _____	Interest & dividend Left to accum. except on insurance policies	\$ _____
Railroad retirement benefits	\$ _____	Other Income	\$ _____
Other Pensions and annuities	\$ _____	TOTAL INCOME	\$ _____