

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

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, 2009 or disabled at anytime during 2008? | YES | NO |
| Proof of disability is required each year. Year became disabled _____ | | |
| Did you turn 65 or become disabled in or prior to 1981?
(Base year assessment to be frozen - 1977) | YES | NO |
| 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 \$23,250.89? | YES | NO |
| OR Do you live in a household whose members'
combined income is under \$29,063.61? | YES | NO |

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.

I hereby state that the above information is correct to the best of my knowledge. I further understand that submission of falsified information on this form will result in assessment of the tax reduction and it shall be a lien on the property, and I will be barred from receiving this tax reduction for the following three years.

Claimant's signature _____ date _____

Preparer's signature _____

Address _____ City _____

Telephone Number _____

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

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 \$159,598.50 _____

Base year _____ assessment to be frozen \$ _____

TO BE COMPLETED BY COUNTY TREASURER

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 (11/08)
Original to County Treasurer
First copy to Director of Equalization
Second copy to Applicant