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

| Applicant's Nar | me | | | | | |
|---|--|--------------------------|------------|--|----------------|-----------------|
| Applicant's Mai | ling Address | | | | | |
| HOUSEHOLD INFORMATION | | | | | | |
| | ing in the household. If you ome as well as your own. Pl | | | | | === ⁄ou must |
| Last Name | First Name & Middle I | nitial | Age | Relationship | Social | Security No. |
| ====================================== | | | | | | |
| ========== | of property for which asse | ======= ssment freeze | is being n | ====================================== | :====== | |
| ELIGIBILITY | | | | | | |
| A. Were you 65 on or before January 1, 2010 or disabled at anytime during 2009 Proof of disability is required each year. Year became disabled | | | | e during 2009? | YES | NO NO |
| | 65 or become disabled in or ssessment to be frozen - 19 | | ? | | 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?D. Have you lived in your single family dwelling for at least two hundred days | | | | | YES | NO |
| of the previous calendar year? | | | | | YES | NO |
| E. Do you live alone and have a yearly income under \$24,599.44? OR Do you live in a household whose members' | | | | | YES | NO |
| combined authorize any pe | I income is under \$30,749.3 rson holding official social sec er records containing informat | 0? urity records, of | | | | |
| I hereby state that submission of fa | at the above information is c Isified information on this fo rty, and I will be barred from | rm will result i | n assessm | ent of the tax reduc | ction and it s | shall be a |
| | | | | | | |
| Claimant's signa | ture | date | <u></u> | reparer's signature | ; | |
| | | | _ | ddress | City | |
| PT 38 (11/09) | | | Т | elephone Number | | |

9) Telephone Number REMINDER – Application to be made on an annual basis on or before April 1st

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 \$168,855.21_____ 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 _____.

date

PT 38 (11/09)
Original to County Treasurer
First copy to Director of Equalization
Second copy to Applicant

Treasurer's Signature

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA

1. Personal Information Last Name First Name Social Security Number Mailing Address County Telephone _(month)_____(day)____(year)_____ Citv State Zip Code Birth Date ______ 2. Income Calculation – Attach a copy of your completed 2009 Federal Income Tax Return ______ Did you file a 2009 Income Tax Return? (circle one) YFS NO If yes - - attach a copy of the return Excluded interest not \$ \$ _____ Federal Adjusted Gross Income vet listed \$ _____ Alimony payments not \$____ Wages, salaries, tips, other employee compensation vet listed Interest \$ _____ Dividends **Support Payments** \$ _____ Self-employment (explain) Cash Public Asst. & Relief Social Security (attach a copy of Capitol Gains exc Each household member SSA-1099 From adj. gross income \$ _____ \$ _____ Workers Comp Medicare premiums \$ _____ Title 19, 20 or SSI \$ _____ Loss of time insurance Veterans benefits Interest & dividend Left to accum. except on insurance policies

(Attach all documents of income)

Other Income

TOTAL INCOME

Railroad retirement benefits

Other Pensions and annuities

\$ _____

\$_____