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

Applicant's Name						
Applicant's Mailing Address _						
HOUSEHOLD INFORMATION	=========	======	========	======	====	==
List all others living in the household. include their income as well as your or	If you are applyir	ng as part of	a multiple men	nber hous	sehold, yo	
Last Name & M	iddle Initial	Age	Relatio	nship	Social S	Security No.
			=======			
PROPERTY INFORMATION ===================================	assessment fre	====== eze is being	======= made:			======
A Ware you CE on or before January	v 1 2010 or dical		ma during 201	70 V	ES	NO
 A. Were you 65 on or before January Proof of disability is required each Did you turn 65 or become disable 	d in or prior to 19		I		ES	NO
B. Have you owned a single family dC. Have you been a resident of Sout	se year assessment to be frozen - 1977) live you owned a single family dwelling for at least one year? YES live you been a resident of South Dakota for at least one year? YES YES YES					NO NO
 D. Have you lived in your single family dwelling for at least two hundred days of the previous calendar year? E. Do you live alone and have a yearly income under \$27,697.78? OR Do you live in a household whose members' 						NO NO
combined income is under \$34 I authorize any person holding official sociadministration records or any other record contained on the records to county treasure.	,622.21? ial security records ls containing inforn	s, official publ		ficial veter		NO
I hereby state that the above information submission of falsified information on lien on the property, and I will be barre	this form will res	ult in assess	ment of the tax	reduction	n and it sl	nall be a
Claimant's signature		 date	Preparer's sign	nature		
 			Address		ity	

PT 38 – ASSESSMENT FREEZE FOR THE ELDERLY & DISABLED (SI	DCL 10-6A)
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 m	nanufactured home?
Is the current full and true value less than \$190,122.74	
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 base year for assessment freeze is	ided in SDCL 10-6A.
Treasurer's Signature	date

PT 38 (12/17)
Original to County Treasurer
First copy to Director of Equalization
Second copy to Applicant

INFORMATION FOR ASSESSMENT FREEZE FOR ELDERLY AND DISABLED - 2017 APPLICATION

1. Personal information					
Last Name Mailing Address		First Name County		Social Security Number	
2. Income Calculation – Attach	a copy of your c	ompleted	2017	ome Tax Return	
Did you file a 2017Income Tax Return	rn? (check one)	YES	NO		
Federal Adjusted Gross Income	\$		Excluded interest no yet listed	t \$	
Wages, salaries, tips, other employee compensation	\$		Alimony payments n yet listed	ot \$	
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 inco	\$ me	
Medicare premiums	\$		Workers Comp	\$	
Title 19, 20 or SSI	\$		Loss of time insurance	\$	
Veterans Disability Pensions	\$		Interest & dividend Left to accum. excep	\$ ot on insurance policies	
Railroad retirement benefits	\$		Other Income	\$	
Other Pensions and Annuities	\$				
			Total Income	\$	

(Attach all documents of income)