PT 38C - APPLICATION FOR PROPERTY TAX HOMESTEAD EXEMPTION (SDCL 43-31-33) (ATTACH – INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA)

Applicant's Name

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.

PROPERTY INFORMATION

ELIGIBILITY					
A. Are you 70 years of age as of the date of this application?	YES	NO			
If "NO", what year did you turn 70 B. Have you owned a single family dwelling for at least three years? OR	YES	NO			
C. Have you been a resident of South Dakota for at least five years?	YES	NO			
D. Have you lived in your single family dwelling for at least eight months of the previous calendar year?	YES	NO			
E. Do you live alone and have a household of less than \$16,000? OR	YES	NO			
F. Do you live in a household whose combined income is less than \$20,000?	YES	NO			

I understand that the county is prohibited from collecting taxes on my homestead, if I meet the above qualifications. I also understand that the taxes shall become a lien on the property and shall be collected before this property can be transferred to anyone else's name.

date

Preparer's signature

Address

City

PT 38C (12/18) Telephone Number **REMINDER – Application to be made on an annual basis on or before May 1**

PT 38C - APPLICATION FOR PROPERTY TAX HOMESTEAD EXEMPTION (SDCL 43-31-33)

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

_____Applicant's Name ______

Parcel Number _____

Legal description of property for which property tax homestead exemption is to apply:

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

Base year _____

TO BE COMPLETED BY COUNTY TREASURER

I hereby certify this applicant meets all requirements for a property tax homestead exemption as provided in SDCL 43-31-33. The base year is ______.

Treasurer's Signature

Date

PT 38C (12/18) Original to County Treasurer First copy to Director of Equalization Second copy to Applicant Third copy to Department of Revenue

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 2019 APPLICATION

1. Personal Information

Last Name		First Name		Social Security Number	
Mailing Address		County		Telephone	
City	State	Zip Co	(month) ode	(day)(year) Birth Date	
2. Income Calculation – Attach	a copy of your c	ompleted	d 2018 Federal Inco	======================================	
Did you file a 2018 Income Tax Retu If yes attach a copy of the return	Irn? (check one)	YES	NO		
Federal Adjusted Gross Income	\$		Excluded interest not yet listed	\$	
Wages, salaries, tips, other employee compensation	\$		Alimony payments no 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 incor	\$ me	
Medicare premiums	\$		Workers Comp	\$	
Title 19, 20 or SSI	\$		Loss of time insurance	\$	
Veterans benefits	\$		Interest & dividend Left to accum. excep	<pre>\$</pre>	
Railroad retirement benefits	\$		Other Income	\$	
Other Pensions and annuities	\$		TOTAL INCOME	\$	

(Attach all documents of income)