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

Applicant's Name				<u> </u>
Applicant's Mailing Address				_
==========				
HOUSEHOLD INFORMATION	 ====================================	.======		
	sehold. If you are applying as part of your own. Please list other membe			old, you must
Last Name	First Name & Middle Initial	Age	Relationship	Social Security No.
PROPERTY INFORMATION	=======================================	======	========	========
=======================================	=======================================			
Legal description of property for	or which application is to apply:			
 ELIGIBILITY				
======================================	======================================	:======	YES	===== NO
If "NO", what year did y	• •		_	
	amily dwelling for at least three yea	rs?	YES	NO
_	of South Dakota for at least five yea	rs?	YES	NO
D. Have you lived in your single family dwelling for at least eight months			YES	NO
of the previous calendar year? E. Do you live alone and have a household of less than \$16,000?			YES	NO
OR F. Do you live in a household whose combined income is less than \$20,000?			YES	NO
I understand that the county is qualifications. I also understar	s prohibited from collecting taxes on and that the taxes shall become a lier insferred to anyone else's name.			
Claimant's signature	date	Pro	eparer's signature	
		Address		City
- 38C (12/18)		Telephone Number		

PT 38C (12/18) Telephone N
REMINDER – Application to be made on an annual basis on or before April 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 Social Security Number Last Name First Name Mailing Address County Telephone (month)____(day)___(year)____ State Zip Code Birth Date ______ 2. Income Calculation – Attach a copy of your completed 2018 Federal Income Tax Return Did you file a 2018 Income Tax Return? (check one) YFS NO If yes - - attach a copy of the return Excluded interest not \$_____ Federal Adjusted Gross Income \$ _____ vet listed \$ _____ Wages, salaries, tips, other Alimony payments not \$ 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 \$ Railroad retirement benefits Other Income Other Pensions and annuities \$ _____ TOTAL INCOME \$_____

(Attach all documents of income)