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

Applicant Name				
	ing in the household. If you are applyir ome as well as your own. Please list of			
Last Name	First Name & Middle Initial	Age	Relationship	Social Security No.
PROPERTY INF	FORMATION			
Legal description	n of property for which assessment fre	eze is being m	ade:	

ELIGIBILITY		
<ul> <li>A. Were you 65 on or before January 1, 2020 OR disabled at any time during 2019? If disabled, proof of disability is required each year. Year became disabled</li> </ul>	YES	NO
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 \$29,071.25?	YES	NO
OR Do you live in a household whose members' combined		
income is under \$36,339.06?	YES	NO
I authorize any person holding official social security records, official public aid records, official v		
records or any other records containing information relative to this claim to disclose the information	tion contained	d 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

PT 38 (12/19)

Telephone Number

REMINDER – Application to be made on an annual basis on or before April 1<sup>st</sup>

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

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Parcel number / legal description 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 \$199,550.55 \_\_\_\_\_?

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

## **INFORMATION FOR ASSESSMENT FREEZE FOR ELDERLY AND DISABLED – 2020 APPLICATION**

1. Personal Information

Last Name	First Name		Social	Security Number
Mailing Address	County		(month)	Telephone
City	State	Zip Co	ode	Birth Date
2. Income Calculation – Attach	a copy of your con	npletec		======================================
Did you file a 2019 Income Tax Retu If yes attach a copy of the return	Irn? (circle 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	\$		Capital Gains exc from adj. gross incom	\$ ne
Medicare premiums	\$		Workers Comp	\$
Title 19, 20 or SSI	\$		Loss of time insurance	\$
Veterans benefits	\$		Interest & dividend Left to accum. except	\$ t on insurance policies
Railroad retirement benefits	\$		Other Income	\$
Other Pensions and annuities	\$		TOTAL INCOME	\$
	Attach all decuma	nto of	:	

(Attach all documents of income)