

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

Applicant's Name _____

Applicant's Mailing Address _____

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HOUSEHOLD INFORMATION

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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.
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PROPERTY INFORMATION

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Legal description of property for which assessment freeze is being made:

- | | | |
|---|-----|----|
| A. Were you 65 on or before January 1, 2019 or disabled at anytime during 2018?
Proof of disability is required each year. Year became disabled _____ | 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 \$28,279.43?
OR Do you live in a household whose members' combined income is
under \$35,349.28? | YES | NO |

I authorize any person holding official social security records, official public aid records, official veteran's administration records or any other records containing information relative to this claim to disclose the information contained 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

		Telephone Number

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

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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 \$194,115.32 _____

Base year _____ assessment to be frozen \$ _____

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TO BE COMPLETED BY COUNTY TREASURER

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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

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

INFORMATION FOR ASSESSMENT FREEZE FOR ELDERLY AND DISABLED – 2019 APPLICATION

1. Personal Information

Last Name	First Name	Social Security Number
Mailing Address	County	Telephone Number
City	State	Zip Code
	(month) _____	(day) _____ (year) _____
	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) YES NO
 If yes - - attach a copy of the return

Federal Adjusted Gross Income	\$ _____	Excluded interest not yet listed	\$ _____
Wages, salaries, tips, other employee compensation	\$ _____	Alimony payments not yet listed	\$ _____
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 income	\$ _____
Medicare premiums	\$ _____	Workers Comp	\$ _____
Title 19, 20 or SSI	\$ _____	Loss of time insurance	\$ _____
Veterans Disability Pensions	\$ _____	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)