

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

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

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Applicant's Name _____

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 \$188,240.34 _____

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 (12/16)
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 | First Name | Social Security Number |
| Mailing Address | County | Telephone |
| City | State | Zip Code |
| | (month) _____ | (day) ____ (year) _____ |
| | Birth Date | |

2. Income Calculation – Attach a copy of your completed 2016 Federal Income Tax Return

Did you file a 2016 Income Tax Return? (circle 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) | \$ _____ | Capital Gains exc from adj. gross income | \$ _____ |
| Medicare premiums | \$ _____ | Workers Comp | \$ _____ |
| 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)