

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 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 \$168,855.21 _____

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 (11/09)
Original to County Treasurer
First copy to Director of Equalization
Second copy to Applicant

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA

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 2009 Federal Income Tax Return

Did you file a 2009 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)	\$ _____	Capitol 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)