

APPLICATION FOR PROPERTY TAX REDUCTION HOMESTEAD EXEMPTION

APPLICATION DUE ANNUALLY ON OR BEFORE **APRIL 1**, SDCL 43-31-33

LAST NAME	FIRST NAME	SOCIAL SECURITY #	PHONE NUMBER	
EMAIL ADDRESS	BIRTH DATE (MM/DD/YYYY)		COUNTY	
MAILING ADDRESS		CITY	STATE	ZIP CODE

HOUSEHOLD INFORMATION

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 AND MIDDLE INITIAL	AGE	RELATIONSHIP	SOCIAL SECURITY NO.
1.				
2.				
3.				

PROPERTY INFORMATION

Legal description of property for which application is being made:
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ELIGIBILITY

- A. Are you 70 years of age as of the date of this application? () YES () NO
If "NO", what year did you turn 70? _____
- B. Have you owned a single-family dwelling for at least three years? () YES () NO
OR
- C. Have you been a resident of South Dakota for at least five years? () 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

INCOME CALCULATION (ATTACH A COPY OF YOUR COMPLETED 2020 FEDERAL TAX INCOME RETURN)

DID YOU FILE A 2020 INCOME TAX RETURN? IF YES, ATTACH A COPY OF YOUR RETURN.		() YES () NO	
FEDERAL ADJUSTED GROSS INCOME	\$ _____	EXCLUDED INTEREST NOT YET LISTED	\$ _____
WAGES, SALARIES, TIPS, OTHER EMPLOYEE COMPENSATION	\$ _____	ALIMONY PAYMENTS NOT YET LISTED	\$ _____
INCOME CALCULATION CONTINUED...			
INTEREST	\$ _____	SUPPORT PAYMENTS	\$ _____
DIVIDENDS	\$ _____	CASH PUBLIC ASST. & RELIEF	\$ _____
SELF-EMPLOYMENT (EXPLAIN)	\$ _____	CAPITAL GAINS, EXC FROM ADJ. GROSS INCOME	\$ _____
SOCIAL SECURITY (ATTACH A COPY OF EACH HOUSEHOLD MEMBER SSA-1099)	\$ _____	WORKERS COMP.	\$ _____
MEDICARE PREMIUMS	\$ _____	LOSS OF TIME INSURANCE	\$ _____
TITLE 19, 20, OR SSI	\$ _____	INTEREST & DIVIDEND LEFT TO ACCUM. EXCEPT ON INSURANCE POLICIES	\$ _____
VETERAN'S BENEFITS	\$ _____	OTHER INCOME	\$ _____
RAILROAD RETIREMENT BENEFITS	\$ _____	TOTAL INCOME	\$ _____
OTHER PENSIONS AND ANNUITIES	\$ _____	ATTACH ALL DOCUMENTS OF INCOME	

I understand that the county is prohibited from collecting taxes on my homestead, if I meet the above qualifications. I also understand that the taxes shall become a lien on the property and shall be collected before this property can be transferred to anyone else's name.

APPLICANT'S SIGNATURE		DATE	
PREPARER'S SIGNATURE		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

TO BE COMPLETED BY COUNTY DIRECTOR OF EQUALIZATION

APPLICANT 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 OFFICE SIGNATURE	DATE
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