

ASSESSMENT FREEZE FOR THE ELDERLY & DISABLED
 APPLICATION DUE ANNUALLY ON OR BEFORE **APRIL 1**, SDCL 10-6A

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 assessment freeze is being made:
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ELIGIBILITY

- A. Were you 65 on or before January 1, 2021 OR disabled at any time during 2020? () YES () NO
 If disabled, proof of disability is required each year. Year became disabled _____
 Did you turn 65 or become disabled in or prior to 1981? () YES () NO
 (Base year assessment to be frozen - 1977)
- 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 \$29,565.46? () YES () NO
 OR Do you live in a household whose members' combined income is under \$36,956.82? () 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	\$ _____
INTEREST	\$ _____	SUPPORT PAYMENTS	\$ _____
DIVIDENDS	\$ _____	CASH PUBLIC ASST. & RELIEF	\$ _____
SELF-EMPLOYMENT (EXPLAIN)	\$ _____	CAPITAL GAINS, EXC FROM ADJ. GROSS INCOME	\$ _____
INCOME CALCULATION CONTINUED...			
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 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.

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

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

APPLICANT NAME	PARCEL NUMBER
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IS THE ABOVE DESCRIBED PROPERTY A SINGLE FAMILY DWELLING, CONDOMINIUM, APARTMENT OR MANUFACTURED HOME?	() YES	() NO
IS THE CURRENT FULL AND TRUE VALUE LESS THAN \$202,943	() YES	() NO
BASE YEAR	ASSEMENT TO BE FROZEN	\$ _____

I hereby certify this applicant meets all requirements for a property tax reduction in SDCL 10-6A.

DIRECTOR OF EQUALIZATION'S SIGNATURE	DATE
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TO BE COMPLETED BY COUNTY TREASURER

THE BASE YEAR FOR ASSESSMENT FREEZE IS	\$ _____
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I hereby certify this applicant meets all requirements for a property tax reduction in SDCL 10-6A.

TREASURER'S SIGNATURE	DATE
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