



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

**TO BE COMPLETED BY DIRECTOR OF EQUALIZATION**

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 \$185,093.75 \_\_\_\_\_

Base year \_\_\_\_\_ assessment to be frozen \$ \_\_\_\_\_

**TO BE COMPLETED BY COUNTY TREASURER**

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 (12/14)  
Original to County Treasurer  
First copy to Director of Equalization  
Second copy to Applicant

**INFORMATION FOR ASSESSMENT FREEZE FOR ELDERLY AND DISABLED – 2015 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 2014 Federal Income Tax Return**

Did you file a 2014 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 Disability Pensions	\$ _____	Interest & dividend Left to accum. except on insurance policies	\$ _____
Railroad retirement benefits	\$ _____	Foster Care Income	\$ _____
IRA Disbursements	\$ _____	Life Insurance Proceeds that exceeds \$20,000	\$ _____
Gift or Inheritance that exceeds \$500	\$ _____	Other Income	\$ _____
Gross Amount of any Pensions and annuities	\$ _____	<b>TOTAL INCOME</b>	\$ _____

**(Attach all documents of income)**