

**PT 38C - APPLICATION FOR PROPERTY TAX HOMESTEAD EXEMPTION (SDCL 43-31-33)
(ATTACH – INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA)**

Applicant's Name _____

Applicant's Mailing Address _____

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HOUSEHOLD INFORMATION

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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 & Middle Initial | Age | Relationship | Social Security No. |
|-----------|-----------------------------|-----|--------------|---------------------|
|-----------|-----------------------------|-----|--------------|---------------------|

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PROPERTY INFORMATION

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Legal description of property for which application is to apply:

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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 of the previous calendar year? | YES | NO |
| 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 |

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.

Claimant's signature

date

Preparer's signature

Address

City

Telephone Number

PT 38C - APPLICATION FOR PROPERTY TAX HOMESTEAD EXEMPTION (SDCL 43-31-33)

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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 property tax homestead exemption is to apply:

Is the above described property a single family dwelling, condominium, apartment or manufactured home? _____

Base year _____

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TO BE COMPLETED BY COUNTY TREASURER

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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's Signature

Date

PT 38C (12/17)
Original to County Treasurer
First copy to Director of Equalization
Second copy to Applicant
Third copy to Department of Revenue

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 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? (check 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)