

**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 Security No.	First Name & Middle Initial	Age	Relationship	Social
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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

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- | | | |
|--|-----|----|
| A. Are you 70 years of age as of the date of this application?
If "NO", when will you turn 70? _____ | YES | NO |
| B. Have you owned a single family dwelling for at least three years?
OR | YES | NO |
| 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 income
of less than sixteen thousand dollars,
OR
Do you live in a household whose combined income
is less than twenty thousand dollars | 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 _____.

Treasurers Signature

Date

PT 38C (12/15)
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? (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)