

**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.

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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**

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- |  |     |    |
|--|-----|----|
| A. Were you 70 on or before January 1, 1995? (Base year - 1994)<br>If "NO", what year did you turn 70 _____  | YES | NO |
| B. Have you owned a single family dwelling for at least three years?<br>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<br>of the previous calendar year? | YES | NO |
| E. Do you live alone and have a household income<br>of less than sixteen thousand dollars,<br>OR             | YES | NO |
| Do you live in a household whose combined income<br>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

PT 38C (12/11)

**REMINDER – Application to be made on an annual basis on or before May 1<sup>st</sup>**

\_\_\_\_\_  
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 (12/11)  
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 – 2012 APPLICATION**

1. Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birth Date \_\_\_\_\_

**2. Income Calculation – Attach a copy of your completed 2011 Federal Income Tax Return**

Did you file a 2011 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	\$ _____	<b>TOTAL INCOME</b>	\$ _____

**(Attach all documents of income)**