

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

**APPLICANT INFORMATION** \*\*\* Applicant – Also complete all of page 2 \*\*\*

|                 |               |                         |          |
|-----------------|---------------|-------------------------|----------|
| LAST NAME       | FIRST NAME    | BIRTH DATE (MM/DD/YYYY) |          |
| PHONE NUMBER    | EMAIL ADDRESS | 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 |
|-----------|-------------------------------|-----|--------------|
| 1.        |                               |     |              |
| 2.        |                               |     |              |
| 3.        |                               |     |              |

**PROPERTY INFORMATION** Legal description of the property for which exemption is requested

|  |
|--|
|  |
|--|

**COUNTY TREASURER OFFICE USE**

|   |      |           |
|---|------|-----------|
| <input type="checkbox"/> I hereby certify this applicant meets all requirements for a property tax program in SDCL 10-6A. |      |           |
| <input type="checkbox"/> The applicant does not meet the qualifications for the property program in SDCL 10-6A.           |      |           |
| TREASURER OFFICE SIGNATURE  | DATE | BASE YEAR |

**DIRECTOR OF EQUALIZATION OFFICE USE**

|   |  |
|---|--|
| APPLICANT NAME  | PARCEL NUMBER  |
| BASE YEAR   | ASSESSMENT TO BE FROZEN \$                               |
| Is the described property a single-family dwelling, condominium, apartment, or manufactured home? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is the current full and true value of the home, garage, and up to 1 acre less than \$345,340?     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DIRECTOR OF EQUALIZATION OFFICE SIGNATURE   | DATE   |

**APPLICANT ELIGIBILITY**

|   |                                  |
|---|----------------------------------|
| A. Were you 65 on or before January 1, 2024 OR disabled at any time during 2023?<br>• If disabled, proof of disability is required each year. Year became disabled _____. | ( ) YES ( ) NO                   |
| B. Are you an un-remarried surviving spouse of an individual who meets the above criteria?  | ( ) YES ( ) NO                   |
| C. Have you owned a single-family dwelling for at least 1 year?   | ( ) YES ( ) NO                   |
| D. Have you been a resident of South Dakota for at least 1 year?  | ( ) YES ( ) NO                   |
| E. Have you lived in your current house for at least 200 days of the previous calendar year?  | ( ) YES ( ) NO                   |
| F. Is your assessed value at or below \$345,340?  | ( ) YES ( ) NO                   |
| G. Do you live alone and have a yearly income under \$40,290? <b>OR</b><br>Do you live in a household whose member's combined income is under \$51,801?                   | ( ) YES ( ) NO<br>( ) YES ( ) NO |

**INCOME CALCULATION – Attach A Copy of Your Completed 2023 Federal Tax Income Return**

|   |    |   |    |
|---|----|---|----|
| DID YOU FILE A 2023 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  | \$ | INTEREST & DIVIDEND LEFT TO ACCUM. EXCEPT ON INSURANCE POLICIES | \$ |
| INTEREST  | \$ | SUPPORT PAYMENTS  | \$ |
| DIVIDENDS   | \$ | CASH PUBLIC ASST. & RELIEF                                      | \$ |
| SELF-EMPLOYMENT - Explain   | \$ | CAPITAL GAINS, EXC FROM ADJ. GROSS INCOME                       | \$ |
| SOCIAL SECURITY - Attach a copy of each household member's SSA-1099                           | \$ | WORKERS COMPENSATION  | \$ |
| MEDICARE PREMIUMS   | \$ | LOSS OF TIME INSURANCE  | \$ |
| TITLE 19, 20, OR SSI  | \$ | ALIMONY PAYMENTS NOT YET LISTED                                 | \$ |
| VETERAN'S BENEFITS  | \$ | OTHER INCOME  | \$ |
| RAILROAD RETIREMENT BENEFITS  | \$ | <b>TOTAL INCOME</b>   | \$ |
| OTHER PENSIONS AND ANNUITIES  | \$ | <b>ATTACH ALL DOCUMENTATION OF INCOME</b>                       |    |

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 the 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  |      | PREPARER'S PHONE NUMBER |          |
| PREPARER'S ADDRESS    | CITY | STATE                   | ZIP CODE |