



Brookings County Finance Office

Vicki Buseth, Finance Officer

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March 1, 2019

TO: Brookings County Commission
FROM: Vicki Buseth, Finance Officer
RE: Late Elderly Tax Freeze

I am bringing one late elderly tax freeze application for your approval on the March 12th meeting. It is an application for the 2018 pay 2019 tax year. The April 1, 2018 deadline was missed but they have the right to petition the County Commission (as long as they meet the qualifications of the freeze) to recalculate the taxes based on value they would have received under the program. I recommend approval on this application.

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

Applicant's Name _____

Applicant's Mailing Address _____

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 & Middle Initial	Age	Relationship	Social Security No.

PROPERTY INFORMATION

0198041149-263-00 Affton Twp.

Legal description of property for which assessment freeze is being made:

S 282' of W 210' of SW 1/4 of Sec 26-111-69
1.35 acres

ELIGIBILITY

- A. Were you 65 on or before January 1, 2018 OR disabled at any time during 2017? YES NO
If disabled, proof of disability is required each year. Year became disabled 2004
- Did you turn 65 or become disabled in or prior to 1981? YES NO
(Base year assessment to be frozen - 1977)
- B. Have you owned a single family dwelling for at least one year? YES NO
- C. Have you been a resident of South Dakota for at least one year? YES NO
- D. Have you lived in your single family dwelling for at least two hundred days of the previous calendar year? YES NO
- E. Do you live alone and have a yearly income under \$27,697.78? YES NO
OR Do you live in a household whose members' combined income is under \$34,622.21? YES NO

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 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.

Claimant's signature _____

date _____

Preparer's signature _____

Address _____

City _____