

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

New  
rec. 10-28-21

Applicant Name

[Redacted Name]

Applicant Mailing Address

1024 Orchard Drive

HOUSEHOLD INFORMATION

today 10-20-21

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.

[Redacted] 92 (2-27-28)

(he passed away 7-13-2020)

PROPERTY INFORMATION

40403-00200-004-00

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

Orchard Dr Addn, lot 4 1/2 w 5' of lot 5 Blk 2 85x105

ELIGIBILITY

- A. Were you 65 on or before January 1, 2021 OR disabled at any time during 2020? YES NO
If disabled, proof of disability is required each year. Year became disabled
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 \$29,565.46? YES NO
OR Do you live in a household whose members' combined income is under \$36,956.82? 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.

[Redacted Signature] 10.21 date

Preparer's signature
Address City

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION

Applicant's Name [REDACTED]

Parcel number / legal description of property for which assessment freeze is to apply:  
401 40403-003, 004-00 / Lot 4 & W 5' of Lot 5, BIK 2 Orchard Drive Addition

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

Is the current full and true value less than \$202,943 Yes ?

Base year 1999 assessment to be frozen \$ #83,153

TO BE COMPLETED BY COUNTY TREASURER

I hereby certify this applicant meets all requirements for an assessment freeze as provided in SDCL 10-6A.  
The base year for assessment freeze is 1999.

[Signature]  
Treasurer's Signature

1-7-22  
date