

**PT 38A - APPLICATION FOR PROPERTY TAX REDUCTION FROM MUNICIPAL TAXES  
FOR THE ELDERLY AND DISABLED - (SDCL 10-6B)  
(ATTACH – INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA FORM)**

**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 being made:

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**ELIGIBILITY**

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- |  |     |    |
|--|-----|----|
| A. Were you 65 on or before January 1, 2017 or disabled at anytime during 2016 | YES | NO |
| Proof of disability is required each year. Year 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 five years?            | YES | NO |
| C. Have you lived in your single family dwelling for at least five years       | YES | NO |
| D. Do you live alone and have a yearly income under \$ 5,758                   | YES | NO |
| OR Do you live in a household whose members'                                   |     |    |
| combined income is under \$ 7,765?   | YES | NO |

I have examined this claim and it is correct to the best of my knowledge. 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.

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Preparer's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

PT 38A (12/16)

\_\_\_\_\_  
Telephone Number

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

**PT 38A - APPLICATION FOR PROPERTY TAX REDUCTION FROM MUNICIPAL TAXES  
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(SDCL 10-6B)**

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**TO BE COMPLETED BY COUNTY TREASURER**

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Applicant's Name \_\_\_\_\_

Parcel Number \_\_\_\_\_

I hereby certify this applicant meets all requirements for a property tax reduction in SDCL 10-6B.

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
date

TO BE COMPLETED BY COUNTY AUDITOR

A. Income \$ \_\_\_\_\_

B. Percent Reduction Due \$ \_\_\_\_\_

C. Property Taxes (2016 payable 2017) \$ \_\_\_\_\_

D. Amount of Reduction (B x C)  
(Applies to 2017 taxes payable 2018) \$ \_\_\_\_\_

PT 38A (12/16)

Original to County Treasurer

First copy to Director of Equalization

Second copy to Applicant

**INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 2017 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 2016 Federal Income Tax Return**

Did you file a 2016 Income Tax Return? (Check 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)**