

**CERTIFICATION OF OWNER-OCCUPIED DWELLING APPLICATION
SDCL 10-13-39; 10-13-39.3**

Completed forms must be submitted to your **county director of equalization by March 15, 2024**. Eligible owner-occupied properties include any house, condominium, townhouse, duplex, triplex, fourplex, manufactured, or mobile home. This includes an attached or unattached garage and the parcel of land on which the structure is situated. Contact your local County Director of Equalization if you have questions about completing this form.

APPLICANT INFORMATION

PROPERTY OWNER FIRST NAME	LAST NAME	EMAIL	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PROPERTY ADDRESS	COUNTY	PHONE NUMBER	

I owned/purchased this property on this date: _____. It will be my principal residence on this date: _____.

My parent(s) live(s) at this property. YES () NO ()

My adult child with a disability lives at this property. YES () NO ()

I own another residential property in South Dakota. YES () NO () If yes, list county, _____.

Is any part of the property used as anything other than a single-family dwelling? YES () NO ()

If yes, state the purpose: (ex. rental, commercial, etc.) _____ Percentage used for purpose: ____%

I hereby state that the above information is correct to the best of my knowledge. Furthermore, I acknowledge that this is the only single-family, owner-occupied dwelling for which I am requesting certification. I further understand that submission of falsified information on this form is perjury and constitutes a class 5 felony punishable by five years in jail and/or a \$5,000 fine.

PROPERTY OWNER OR LEGAL REPRESENTATIVE SIGNATURE	DATE
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DIRECTOR OF EQUALIZATION OFFICE USE ONLY

LEGAL DESCRIPTION OF PROPERTY
PARCEL NUMBER(S)
THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS OWNER OCCUPIED IS: () APPROVED () DENIED () ACKNOWLEDGE RECEIPT: Your request will be reviewed _____.
NOTES/REASON FOR DENIAL

DIRECTOR OF EQUALIZATION OFFICE SIGNATURE	DATE
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