|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Certification of Owner-Occupied Dwelling**  SDCL 10-13-39.1 and SDCL 10-13-39.3  Eligible properties include any house, condominium apartment, townhouse, duplex, triplex, fourplex, manufactured, or mobile home, including an attached or unattached garage and the parcel of land on which the structure is situated.  Completed forms should be delivered to your County Director of Equalization.  **DUE DATE: March 15th, 2020** | | | | | | |
| Applicant Information (Print or Type) | | | | | | |
| **First Name** | **Last Name** | | **Email** | | | |
| **Mailing Address** | | **City** | **State** | **ZIP Code** | | **Phone Number** |
| **Property Street Address** | | | | | | |
| **I owned the property described below on November 1, 2019**.................................................................................. Yes No  **I occupied the property described below on November 1, 2019**............................................................................. Yes No  **This is the only property for which I can claim the owner-occupied classification**........................................ Yes No  **The property described above is my principal residence as of November 1, 2019**........................................ Yes No  **My parent(s) lives at this property**........................................................................................................................................... Yes No  (If the dwelling is occupied by a parent of the owner, the parent is considered the owner and occupant of the home.)  **I own other residential property in the United States**................................................................................................... Yes No  **If yes, state location**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is any part of the property used as anything other than a single-family dwelling?**...................................... Yes No  **If yes, state purpose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_    **Percentage used for other purpose** \_\_\_\_\_\_\_\_\_\_\_  (Other purposes may include rental, commercial, etc.) | | | | | | |
| Property Owner or Legal Representative Signature | | | | | | |
| 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. | | | | | | |
| **Signature** | | | | | **Date** | |
| County Signature | | | | | | |
| **Property Legal Description** | | | | | | |
| **Signature** | | | | | **Date** | |

If you have any questions regarding this form please call your local Director of Equalization or call the Property Tax Division of the Department of Revenue at 1-800-829-9188, option #2.