

**CERTIFICATION OF OWNER-OCCUPIED DWELLING
SDCL 10-13-39**

Being designated as owner-occupied makes a property eligible for a reduced levy for school general fund taxes. Eligible 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. If you have questions about completing this form, please contact your local County Director of Equalization.

COMPLETED FORMS MUST BE SUBMITTED TO YOUR COUNTY DIRECTOR OF EQUALIZATION BY MARCH 15, 2021.

APPLICANT INFORMATION

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

I OWNED THE PROPERTY ON NOVEMBER 1, 2020. YES NO

I OCCUPIED THE PROPERTY DESCRIBED ON NOVEMBER 1, 2020. YES NO

THIS IS THE ONLY PROPERTY FOR WHICH I CAN CLAIM OWNER-OCCUPIED CLASSIFICATION IN SOUTH DAKOTA. YES NO

THE PROPERTY DESCRIBED BELOW IS MY PRINCIPAL RESIDENCE AS OF NOVEMBER 1, 2020. YES NO

MY PARENT(S) LIVES AT THIS PROPERTY. YES NO

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 THE PURPOSE: *(Purposes may include rental, commercial, etc.)*

PERCENTAGE USED FOR PURPOSE:

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.

APPLICANT SIGNATURE	DATE
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DIRECTOR OF EQUALIZATION OFFICE USE ONLY

LEGAL DESCRIPTION OF PROPERTY(S):

PARCEL(S)

PROPERTY OWNER NAME: _____

THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS OWNER OCCUPIED IS:

() APPROVED

() DENIED

() ACKNOWLEDGE RECEIPT: Your request will be reviewed _____

REASON FOR DENIAL

DIRECTOR OF EQUALIZATION OFFICE SIGNATURE

DATE

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