

**CERTIFICATION OF CONTRACTOR OWNER-OCCUPIED DWELLING  
SDCL 10-13-45**

Being designated as owner-occupied makes a property eligible for a reduced levy for school general fund taxes. This form is for only those properties which meet the definition below. Do not include your personal residence. 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.**

A contractor may only have a maximum of four dwellings classified as owner-occupied single-family dwellings. No dwelling may be classified as an owner-occupied single-family dwelling for more than two consecutive years, SDCL 10-13-39 to 10-13-40.3.

**APPLICANT INFORMATION**

PROPERTY OWNER FIRST NAME	LAST NAME	EMAIL		
MAILING ADDRESS		CITY	STATE	ZIP CODE
CONTRACTOR NAME (IF DIFFERENT THAN OWNER)		COUNTY	PHONE NUMBER	

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

I OWN OTHER RESIDENTIAL PROPERTY IN SOUTH DAKOTA. YES  NO  IF YES, STATE LOCATION

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**PROPERTY DESCRIPTION**

STREET ADDRESS/LEGAL DESCRIPTION OF THE PROPERTY I OWNED ON 11/1/2020.	CITY	ZIP CODE	TYPE OF STRUCTURE	% COMPLETE AS OF 11/1/2021

**APPLICANT SIGNATURE**

I hereby state that the above information is correct to the best of my knowledge. Furthermore, I acknowledge these are the only single-family dwellings for which I am requesting contractor owner occupied 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	EXCISE TAX NUMBER
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**DIRECTOR OF EQUALIZATION OFFICE USE ONLY**

PARCEL(S)

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CONTRACTOR NAME: \_\_\_\_\_

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

( ) APPROVED

( ) DENIED

( ) ACKNOWLEDGE RECEIPT: Your request will be reviewed \_\_\_\_\_

REASON FOR DENIAL

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DIRECTOR OF EQUALIZATION OFFICE SIGNATURE

DATE

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