Certification of Owner-Occupied Dwelling

SDCL 10-13-39 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. Contact your local Director of Equalization if you have questions about completing this form.

Completed forms should be delivered to your County Director of Equalization.

DUE DATE: March 15

Applicant Information (Print or Type)

Property Owner Name				
Mailing Address	City	State	Zip Code	Phone Number
Property Street Address				

I owned/purchased the property on this date: _____.

It will be my principal residence on this date: _____.

This is the only property for which I can claim the owner-occupied classification..... ☐ Yes ☐ No

My parent(s) live 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.)

My adult child with a disability lives at this property..... ☐ Yes ☐ No

I own other residential property in the United States..... ☐ Yes ☐ No

If yes, state location (state & county) _____

Is any part of the property used as anything other than a single-family dwelling..... ☐ Yes ☐ No

If yes, state purpose (ex: rental, commercial, etc.) _____

Percentage used for other 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.

Signature	**Date**

County Signature

Property Legal Description & Parcel Number(s)

The Request for Property to be Classified as Owner Occupied is:
( ) Approved ( ) Denied ( ) I Acknowledge Receipt: Your request will be reviewed _____.

Notes/Reason for Denial:

Signature	**Date**