

## Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

Real property and manufactured or mobile homes: File with the county auditor on or before December 31.

Please read the instructions on the back of this form before you complete it. Disabled applicants must complete form DTE 105E, Certificate of Disability for the Homestead Exemption, and attach it or a separate certification of disability status from an eligible state or federal agency to this application. See the instructions on page 3 of this form.

- Current application
- Late application for prior year
- Application of person who received homestead reduction for 2013 or for 2014 for manufactured or mobile homes. Form DTE 105G must accompany this application.
- Application of person who received the homestead reduction for 2006 that is greater than the reduction calculated under the current law. Form DTE 105G must accompany this application.

**Type of application:**

- Senior citizen (must be at least age 65 by December 31st of the year for which the exemption is sought)
- Disabled person (must be permanently and totally disabled on January 1 of the year for which exemption is sought)
- Surviving spouse (must have been at least 59 years old on the date of the spouse's death and must meet all other homestead exemption requirements)

**Type of home:**

- Single family dwelling  Unit in a multi-unit dwelling  Condominium  Unit in a housing cooperative
- Manufactured or mobile home  Land under a manufactured or mobile home

Applicant's name \_\_\_\_\_ Applicant's date of birth \_\_\_\_\_

Name of spouse \_\_\_\_\_ Spouse's date of birth \_\_\_\_\_

Home address \_\_\_\_\_

County in which home is located \_\_\_\_\_

Taxing district and parcel or registration number \_\_\_\_\_  
from tax bill or available from county auditor

**FOR COUNTY AUDITOR'S USE ONLY:**

Taxing district and parcel or registration number \_\_\_\_\_ Auditor's application number \_\_\_\_\_

First year for homestead exemption \_\_\_\_\_

Date filed \_\_\_\_\_

Name on tax duplicate \_\_\_\_\_

Taxable value of homestead: Taxable land \_\_\_\_\_ Taxable bldg. \_\_\_\_\_ Taxable total \_\_\_\_\_

**Method of Verification (must complete one):**

Tax commissioner portal: Year \_\_\_\_\_ Total MAGI \_\_\_\_\_ No information returned \_\_\_\_\_

Ohio tax return (line 3 plus line 11 of Ohio Schedule A): Year \_\_\_\_\_ Total MAGI \_\_\_\_\_

Federal tax return (line 4, 1040EZ): Year \_\_\_\_\_ Total FAGI \_\_\_\_\_

(line 21, 1040A): Year \_\_\_\_\_ Total FAGI \_\_\_\_\_

(line 37, 1040): Year \_\_\_\_\_ Total FAGI \_\_\_\_\_

Worksheet (attached): Estimated MAGI \_\_\_\_\_

Granted  Denied

County auditor (or representative) \_\_\_\_\_ Date \_\_\_\_\_

