



# JOHN S. FEDERER

## Clark County Auditor

P.O. BOX 1325  
Springfield, OH 45501-1325

FORM 1  
DTE 105A  
Rev. 10/2016

(937) 521-1862  
www.clarkcountyauditor.org

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

#### FILING DEADLINES

**Real Property:** File with the County Auditor between January 1 through on or before December 31

**Manufactured or mobile homes:** File with the County Auditor after the first Monday in January through on or before the first Monday in June

Please read instructions on the back of this form before you complete it. Disabled applicants must complete Form 105E Certificate of Disability for Homestead Exemption or attach a separate certification of disability status form from an eligible State or Federal agency to the application.

CURRENT APPLICATION – 2017 real property or 2018 Mobile Home       LATE APPLICATION – 2016 real property or 2017 Mobile Home

Type of application :     Senior Citizen (age 65 and older)  
(must be 65 by Dec 31, 2017)       Disabled person  
(must attach appropriate paperwork)       Surviving Spouse  
(see 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 \_\_\_\_\_ SSN \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Taxing district and parcel or registration number:

County in which home is located : **Clark County**

(Available from tax bill or County Auditor's Office)

In order to be eligible for the homestead exemption, the form of ownership must be identified. Property that is owned by a corporation, partnership, limited liability company or other legal entity does not qualify for the exemption.

Check the box that applies to this property.

- an individual named on the deed
- a purchaser under a land installment contract
- a life tenant under a life estate
- a mortgagor (borrower) for an outstanding mortgage where name is not on deed
- other
- the settlor, under a revocable or irrevocable inter vivos trust, holding title to a homestead occupied by the settlor as a right under the trust
- a stockholder in a qualified housing cooperative. See DTE 105A/supplemental for additional information
- trustee of a trust with the right to live in the property

**If the applicant or the applicant's spouse owns a second or vacation home, please provide the address and county below:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Late Filer 2016/Mobile 2017  
 Granted \_\_\_\_\_ Denied \_\_\_\_\_ Current year 2017/Mobile 2018  
 No Information returned \_\_\_\_\_  
 Used portal \_\_\_\_\_ Ohio tax return line 3 \_\_\_\_\_ Worksheet \_\_\_\_\_ attached

Total income for the year preceding year of application, if known: \_\_\_\_\_

Have you or do you intend to file an Ohio Income tax for last year?  Yes  No

I declare under penalty of perjury that (1) I occupied this property as my principal place of residence on Jan 1 or the year(s) for which I am requesting the homestead exemption, (2) I currently occupy this property as my principal place of residence, (3) I did not acquire this homestead from a relative or in-law, other than my spouse, for the purpose of qualifying for the homestead exemption, and (4) I Have examined this application, and to the best of my knowledge and belief, this application is true, correct and complete.

I (we) acknowledge that by signing this application, I (we) delegate to both the Ohio tax commissioner and to the auditor of the county in which the property for which I am seeking exemption is located, and to their designated agents, the authority to release my tax and/or financial records and to examine and consult regarding such records for the purpose of determining my eligibility for the homestead exemption or a possible violation of the homestead laws. Such records shall not contain any federal information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, including O.R.C. 5703.21 and 5747.18, which may otherwise prohibit disclosure, and agree to hold the Ohio tax commissioner and county auditor harmless with respect to the limited disclosures herein. Except as authorized by law, the parties to which this authority is delegated shall maintain the confidentiality of the information received and the information shall not otherwise be re-disclosed.

\_\_\_\_\_  
Signature of applicant Date \_\_\_\_\_ Signature of spouse Date \_\_\_\_\_

\_\_\_\_\_  
(Mailing address if different from home address - i.e. post office box)

### Please read before you complete the application

**What is the Homestead Exemption?** The homestead exemption provides a reduction in property taxes to qualified senior or disabled citizen, or a surviving spouse, on the dwelling that is that individual's principal place of residence and up to one acre of land of which an eligible individual is an owner. The reduction is equal to the taxes that would otherwise be charged on up to \$25,000 of the market value of an eligible taxpayer's homestead.

**What Your Signature Means:** By signing the back of this form, you affirm under penalty of perjury that your statements on the form are true, accurate, and complete to the best of your knowledge and belief and that you are authorizing the tax commissioner and the county auditor to review financial and tax information filed with the state. A conviction of willfully falsifying information on this application will result in the loss of the homestead exemption for a period of three years.

**Qualifications for the Homestead Exemption for Real Property and Manufactured or Mobile Homes:** To receive the homestead exemption you must be (1) at least 65 years of age during the year you first file, or be determined to have been permanently and totally disabled (see definition at right), or be a surviving spouse (see definition at right), and (2) own and have occupied your home as your principal place of residence on Jan. 1 of the year in which you file the application. For manufactured or mobile home owners, the dates apply to the year following the year in which you file the application. A person only has one principal place of residence; your principal place of residence determines, among other things, where you are registered to vote and where you declare residency for income tax purposes. You may be required to present evidence of age. If the property is being purchased under a land contract, is owned by a life estate or by a trust, or the applicant is the mortgagor of the property, you may be required to provide copies of any contracts, trust agreements, mortgages or other documents that identify the applicant's eligible ownership interest in the home.

If you are applying for homestead and did not qualify for the exemption for 2013 (2014 for manufactured homes), your total income cannot exceed the amount set by law.

"Total income" is defined as the gross income for Ohio income tax purposes (line 3 of Ohio income tax return) of the owner and the owner's spouse for the year preceding the year for which you are applying. If you do not file an Ohio income tax return, adjusted gross income includes compensation, rents, interest, fees and most other types of total income. Certain Social Security and disability benefits are not included in adjusted gross income. You may be required to produce evidence of income.

**Current Application:** If you qualify for the homestead exemption for the first time this year (for real property) or for the first time next year (for manufactured or mobile homes), check the box for *Current Application on the front of this form*.

**Late Application:** If you also qualified for the homestead exemption for last year (for real property) or for this year (for manufactured or mobile homes) on the same property for which you are filing a current application, but you did not file a current application for that year, you may file a late application for the missed year by checking the late application box on the front of this form. You may only file a late application for the same property for which you are filing a current application.

**Definition of a Surviving Spouse:** An eligible surviving spouse must (1) be the surviving spouse of a person who was receiving the homestead exemption by reason of age or disability for the year in which the death occurred, and (2) must have been at least 59 years old on the date of the decedent's death.

**Permanent Disability:** Permanent and totally disabled means a person who has, on the first day of January of the year for which the homestead exemption is requested, some impairment of body or mind that makes him/her unfit to work at any substantially remunerative employment which he/she is reasonably able to perform and which will, with reasonable probability, continue for an indefinite period of at least 12 months without any present indication of recovery, or who has been certified as totally and permanently disabled by a state or federal agency.



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FORM 3  
DTE 105E  
Rev. 03/23/16

# Certificate of Disability for the Homestead Exemption

Ohio Revised Code section 323.151 provides: " 'Permanent and totally disabled' means a person who has, on the first day of January of the year of application for reduction in real estate taxes, some impairment in body or mind that makes the person unable to work at any substantially remunerative employment that the person is reasonably able to perform and that will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery there from or has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons."

**To be completed by the applicant**

Applicant's name \_\_\_\_\_

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

**To be completed by the physician, psychologist or state or federal agency representative.**

In accordance with the above, I (we) hereby certify that \_\_\_\_\_ was, as of Jan. 1, \_\_\_\_\_,  
(Name of applicant) (year)

And is now permanently and totally disabled by virtue of  physical disability or  mental disability.

License number and state issuing (Note: if reason for reduction is mental disability, the physician or psychologist must hold an Ohio license)

OR

Physician (signature)

Psychologist (signature)

Print name of person signing form Address of person /agency (please print) City State Zip code

Agency (please print) If agency, signature and title of person completing the form Date

**In lieu of having a physician or psychologist sign this form, the applicant may submit a statement from an eligible state or federal agency that the applicant is permanently and totally disabled as defined above. See below for more information on what constitutes acceptable proof of permanent disability**

**Physician's Certificate:** Acceptable. An application based on physical disability must include a certificate signed by a physician licensed to practice in Ohio. An application based on mental disability must include a certificate signed by a physician, or psychologist licensed to practice in Ohio. Note: a chiropractor is not a "physician" for purposes of the Homestead Law.

**Federal Agencies:**

**Social Security Administration (SSA):** an SSA (or SSI) form indicating that an applicant is "disabled" is acceptable. The SSA only gives disability benefits to those who are permanently and totally disabled.

**Department of Veterans Affairs (VA):** Veterans with a total service-connected disability or veterans who are receiving 100% compensation for service-connected disabilities following a determination of individual unemployability should file DTE form 1051 and submit the documentation indicated by that application. If a veteran does not qualify as an eligible or disabled veteran, but meets the definition found in R.C. 323.151 (D) (provided at the top of this form), the veteran must have a doctor or qualifying psychologist complete this form. No VA documentation reflects the statutory definition of permanent and total disability in R.C. 323.151(D).

**Railroad Retirement Board (RRB):** The RRB has two types of disability pensions: (1) total and permanent disability and (2) occupational disability. Only the "permanent and total disability" pension is acceptable.

**State Agencies:**

**Bureau of Workers Compensation:** A determination of "permanent and total disability" is acceptable. Other determinations, such as "permanent and partial disability" "temporary and total disability," and "temporary and partial disability" are not.

**State Retirement Systems:** Not acceptable. The Public Employees Retirement System (PERS), the State Teachers Retirement System and the School Employees Retirement System (SERS), do not certify permanent and total disability. While the State Highway Patrol Retirement System (HPRS) and the Police and Fireman's Disability and Pension Fund (PFDPF) do certify individuals to be "permanently and totally disabled" these determinations are job-specific and do not rule out the possibility of other substantially remunerative employment using a different set of skills.