Please return completed application to the Tuscarawas County Auditor's Office , P.O. Box 545, New Philadelphia, OH 44663 Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

For real property, file on or before December 31 of the year for which the exemption is sought. For manufactured or mobile homes, this form must be filed on or before December 31 of the year prior to the year for which the exemption is sought.

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	e must be less than \$38,60	0		
Late application for prior year				
Application of person who received homestead reduction for 2013 or for 2014 for manufactured or mobile homes. Form DTE 1050 must accompany this application.				
Application of person who received the hom Form DTE 105G must accompany this app	nestead reduction for 2006 that is greater tha lication.	n the reduction calculated under the current law		
Type of application:				
Senior citizen (must be at least age 65 by	December 31st of the year for which the ex	kemption is sought)		
Disabled person (must be permanently an	d totally disabled on January 1 of the year	for which exemption is sought)		
Surviving spouse (must have been at least tion requirements)	59 years old on the date of the spouse's de	ath and must meet all other homestead exemp		
Type of home:				
☐ Single family dwelling ☐ Unit in a multi-	-unit dwelling 🛛 Condominium 🔲 Uni	t in a housing cooperative		
Manufactured or mobile home Land	under a manufactured or mobile home			
Applicant's name	cant's name SSN Applicant's date of birth SSN			
Name of spouse	use Spouse's date of birth S			
Home address				
County in which home is located				
Taxing district and parcel or registration number	ðr			
	from tax bill or avail	able from county auditor		
	FOR COUNTY AUDITOR'S USE ONL	Y:		
Taxing district and parcel or registration num	ber 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 on	e):		
Tax commissioner portal: Year	Total MAGI	No information returned		
Ohio tax return (line 3 plus line 11 of Ohio So	chedule A): Year Total MAG	GI		
Federal tax return (line 4, 1040EZ): Year	Total FAG	Total FAGI		
(line 21, 1040A): Year	Total FAG	Total FAGI		
(line 37, 1040): Year	Total FAG	I		
Worksheet (attached): Estimated MAGI				
Granted Denied				
County auditor (or representative)		Date		

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.

The applicant is:				
an individual named on the dee	ed			
a purchaser under a land insta	Ilment contract			
a life tenant under a life estate				
a mortgagor (borrower) for an o	outstanding mortgage			
trustee of a trust with the right	to live in the property			
the settlor, under a revocable c trust	or irrevocable inter vivos trust, holding ti	tle to a homestead occ	upied by the settl	or as a right under the
a stockholder in a qualified hou	using cooperative. See form DTE 105A	 Supplement for addit 	tional information.	
other				
If the applicant or the applicant's sp	oouse owns a second or vacation home	, please provide the ad	dress and county	below.
Address	City	State	ZIP code	County

					<u> </u>
Have you or do you intend to file an Ohio in	come tax return for last year?	Yes []No I ncom o	e must be les	ss than \$38,600

Total income for the year preceding year of application, if known (see instructions):_

I declare under penalty of perjury that (1) I occupied this property as my principal place of residence on January 1 of 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, (4) my total income for myself and my spouse for the preceding year is as indicated above and (5) 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 tax 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	Signature of spouse		
Mailing address	Date		
Phone number	E-mail address		

Please read before you complete the application.

What is the Homestead Exemption? The homestead exemp-tion provides a reduction in property taxes to qualified senior or disabled citizens, 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 \$26,200 of the market value of an eligible taxpayer's homestead.

What Your Signature Means: By signing the front 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 knowl-edge 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 mort-gagor 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 ex-emption for 2013 (2014 for manufactured homes), your total in-come cannot exceed the amount set by law. Beginning tax year 2020 for real property and tax year 2021 for manufactured homes,

"total income" is defined as "modified adjusted gross income," which is comprised of Ohio adjusted gross income plus any business income deducted on Schedule A, line 11 of your Ohio IT 1040. "Total Income" is that 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, you will be asked to produce a federal income tax return for you and your spouse. If you do not file a federal income tax return, you will be asked to produce evi-dence of income and deductions allowable under Ohio law so that the auditor may estimate Ohio modified adjusted gross 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 remu-nerative employment which he/she is reasonably able to perform and which will, with reasonable probability, continue for an indefi-nite period of at least 12 months without any present indication of recovery, or who has been certified as totally and permanently disabled by an eligible state or federal agency.