

Homestead Exemption Application for Disabled Veterans and Surviving Spouses

File with the county auditor after the first Monday in January and on or before the first Monday in June.

Please read the instructions on the back of this form before you complete it. The applicant must be 100% disabled by or be receiving 100% compensation for service-connected injuries on Jan. 1 of the year for which the exemption is sought. See instructions for filing a late application on page 2 of this form.

Current application Late application for prior year

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 _____ Surviving spouse Yes No

Name of spouse _____

Home address _____

County in which home is located _____

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

Were you discharged or released from active duty under honorable conditions? You will need to provide a copy of your Department of Defense Form 214 (DD214). Yes No

In order to be eligible for the enhanced disabled veteran 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 deed a purchaser under a land installment contract
- a life tenant under a life estate a mortgagor (borrower) for an outstanding mortgage
- trustee of a trust with the right to live in the property
- 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 form DTE 105A – Supplement for additional information.
- other _____

I am applying as:

- A veteran with a total disability rating. Attach a copy of the veteran's DD214 and the award letter showing the disability rating of 100%.
- A veteran with a total disability rating for compensation based on individual unemployability. Attach a copy of the veteran's DD214, the award letter showing compensation at 100%, and a document showing the approval of the application for a determination of individual unemployability.

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 code County

I declare under penalty of perjury that (1) I occupied this property as my principal place of residence on Jan. 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) the documentation presented regarding my disability and my discharge or release has been received from the Department of Veterans Affairs or its predecessor or successor agency, and (5) I have examined this application, and to the best of my knowledge and belief, this application is true, correct and complete.

Signature of applicant Date

Mailing address

Phone number E-mail address

Please read before you complete the application.

What is the Homestead Exemption for Disabled Veterans?

The homestead exemption provides a reduction in property taxes to qualified disabled veterans, 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 \$50,000 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 knowledge and belief and that the documentation you have presented is genuine and was received from the Department of Veterans Affairs, its predecessor or successor.

Qualifications for the Homestead Exemption for Real Property and Manufactured or Mobile Homes:

To receive the homestead exemption you must (1) have been discharged or released from active duty, (2) be determined to have a total service-related disability or be receiving compensation for a service-related disability at a level of 100% following a determination of individual unemployability by the Department of Veteran's Affairs or its predecessor or successor, or be a surviving spouse (see definition at right), (3) have been discharged or released under honorable conditions, and (4) own and have occupied your home as your principal place of residence on January 1 of 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. 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.

Definition of a Surviving Spouse: An eligible surviving spouse must (1) be the surviving spouse of a person who was receiving the homestead exemption for the year in which the death occurred, (2) must have occupied the homestead at the time of the veteran's death and (3) must acquire ownership of the homestead or, in the case of a homestead that is a unit in a housing cooperative, continue to occupy the homestead. The surviving spouse remains eligible for the exemption until the year following the year in which the surviving spouse remarries.

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.

Qualified Disabled Veteran: In order to qualify for the exemption you must be a veteran of the armed forces of the United States, including reserve components thereof, or of the National Guard, who has been discharged or released from active duty under honorable conditions, and who has received a total disability rating (100%) or a total disability rating for compensation (100%) based on individual unemployability, for a service-connected disability or combination of service-connected disabilities.

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 _____

VA documentation verified Yes No Request Granted Denied

County auditor (or representative) _____ Date _____

Continuing Application for Homestead Exemption

File with the county auditor no later than the first Monday in June
only if changes in your eligibility status have occurred.

To be completed by the county auditor prior to mailing:

County _____ Tax year _____ Real property Manufactured or mobile home

Taxing district and parcel or registration number _____

Owner(s) as shown on the tax list _____

Homestead address _____

Instructions to Homestead Recipient

You must report any changes each year that would affect your homestead exemption on this form. If any have occurred, complete this form and return it to the county auditor by the first Monday in June. **If no changes have occurred, you do not have to return this form.**

Check any of the following changes in your eligibility status that apply:

The property described above is no longer the owner's principal place of residence.

There has been a change in the ownership of the property.

New owner(s) _____

The owner's disability status has changed.

The owner qualifies as a veteran with a service-connected disability with a total disability rating for compensation following a determination of individual unemployability and either the rating or the determination has changed.

The owner qualifies as a veteran with a service-connected disability, and the veteran's service-connected disability or combination of service-connected disabilities rating has changed.

The owner has died.

Name of decedent _____ Date of death _____

Name of surviving spouse _____ Spouse's age on date of death _____

The property is in a revocable inter vivos trust and there has been a change thereto or a revocation thereof.

The owner qualified under R.C. 323.152(A)(2)(c) (Income Verification) and total income has changed.

Total income _____

Owner's Social Security # _____ Spouse's Social Security # _____

I declare under penalty of perjury that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of owner

Date

Mailing address

Applicant's daytime phone number

Applicant's e-mail address

Certificate of Disability for the Homestead Exemption

**Attach this form to the homestead exemption application (form DTE 105A)
if the applicant is requesting the homestead exemption based on disability status.**

Ohio Revised Code section 323.151: " 'Permanently 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 therefrom 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

and is now permanently and totally disabled according to the above definition 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.)

Physician (signature)

Print name of person signing form

Psychologist (signature)

Address (please print)

Agency (please print)

City

State

ZIP code

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 the back page of this form for more information on what constitutes acceptable proof of permanent disability.

Acceptable and Unacceptable Proofs of Permanent and Total Disability

Physician's Certificate: Acceptable. An application based on physical disability must include a certificate signed by a physician. An application based on mental disability must include a certificate signed by a physician or a 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 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 Firemen'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.