

COUNTY _____ AUDITOR'S NUMBER _____

PARCEL NUMBER _____ TAX YEAR _____ GRANTED _____ DENIED _____

APPLICATION FOR TWO AND ONE-HALF PERCENT TAX REDUCTION ON HOME
(TO BE FILED WITH THE COUNTY AUDITOR BY THE FIRST MONDAY IN JUNE)

TO RECEIVE THE TAX REDUCTION ON YOUR HOME, YOU MUST (1) OWN AND LIVE IN YOUR HOME AS OF JANUARY 1 THIS YEAR, AND (2) OCCUPY YOUR HOME AS YOUR PRINCIPLE PLACE OF RESIDENCE FOR A SUBSTANTIAL PART OF EACH YEAR.

For the purpose of the tax reduction on your home, an owner means a person whose name is on the deed to the home, a buyer under land contract, a life estate tenant, or a mortgagor. Only one home in this state owned by the same person, or his or her spouse is entitled to the two and one-half percent tax reduction.

THE TWO AND ONE-HALF PERCENT REDUCTION DOES NOT APPLY TO THE FOLLOWING HOMES:
Rental homes or apartments, (2) Homes occupied by someone other than the owner; (3) Homes owned by corporations (profit or non-profit), partnerships, associations, or groups, (4) A unit within a building where the building is used primarily for retail, commercial or other non-residential purposes, and (5) House trailers and mobile homes.

IF YOU QUALIFY FOR THE TWO AND ONE-HALF TAX PERCENT TAX REDUCTION ON YOUR HOME, COMPLETE THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED TO DETERMINE ELIGIBILITY.

OWNER(S) NAME _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

DATE ACQUIRED _____ DATE OCCUPIED _____

PURCHASED FROM _____

DWELLING TYPE: () SINGLE FAMILY () UNIT WITHIN A MULTI-FAMILY DWELLING () CONDOMINIUM

IS THE LAND AROUND THE HOME MORE THAN ONE ACRE? Yes _____ NO _____

DO YOU OCCUPY ALL THE BUILDING IN QUESTION AS YOUR PRINCIPAL PLACE OF RESIDENCE?

YES _____ NO _____ IF NO, GIVE DETAILS _____

I declare under penalty of perjury that this has been examined by me and is to the best of my knowledge and belief a true, accurate, and complete report.

APPLICANT'S SIGNATURE _____ DATE _____

MAILING ADDRESS _____
(If using a post office box, please also include house number, street or road name, and town.)

FOR USE OF COUNTY AUDITOR ONLY

Description of Home _____

Name on tax list _____

APPLICATION DENIED: I hereby find that this home is not entitled to receive two and one-half percent tax reduction under Sections 323.151 to 323.158 of the Revised Code. Therefore, the application is denied for the following reason (s):

Date copy was mailed to applicant _____ County Auditor _____