

STATE OF OHIO
APPLICATION FOR REAL PROPERTY
TAX EXEMPTION AND REMISSION
 (Ohio Revised Code Sections 5713.08, 5713.081)

OFFICE USE ONLY
County Name
County Application Number
DTE Application Number

Date Received by
County Auditor

General Instructions

Submit three (3) copies of this application to the county auditor's office in the county **where the property is located. (Make a copy for your own records.) Applications should not be** filed until the year following acquisition of the property. In most cases, applications will be denied if filed in the year the property is acquired. The final deadline for filing with the county auditor is December 31 of the year for which exemption is sought. If you need assistance in completing this form, contact your county auditor.

Date Received by
DTE

Both the County Auditor's Finding and the Treasurer's Certificate on page 4 of this application must be completed. Ask your county auditor for the procedure to follow to obtain the Treasurer's Certificate.

Answer all parts of all questions on the form. If the answer to a question is "No," fill in the word "NO." If you need more room for any question, use additional sheets of paper to explain details. Please indicate which question each additional sheet is answering.

Obtain a copy of the property record card from the county auditor and enclose it with this application.

PLEASE TYPE OR PRINT CLEARLY.

Application is hereby made to have the following described property removed from the taxlist and duplicate and placed on the tax exempt list for the current tax year 19__ , and to have the taxes and penalties thereon remitted for these preceding tax years: _____.

Applicant Name	
<i>Name</i>	
Notices concerning this application should be sent to:	
<i>Name (if different than Applicant)</i>	
<i>Address</i>	
<i>City</i>	
<i>State</i>	
<i>Zip</i>	
<i>Phone Number</i>	

1. Parcel Number(s): a) _____
 (If more than 5, continue on an additional sheet of paper.) b) _____
All parcels must be in the same c) _____
School District. d) _____
 e) _____

2. School District where Located: _____

3. Total Size of Parcel(s): Less than One Acre One Acre or More Number of acres

4. Street Address or Location of Property _____

16. Is anyone living or residing on any part of this property? yes no
 If yes, answer the following:

a) The person's name and position: _____

b) The resident's duties in connection with this property: _____

c) The rent paid, or other financial arrangements: _____

17. Is anyone using this property other than the applicant? yes no
 If yes, please enclose a complete, detailed explanation.

18. Does the applicant own property in this county which is already exempt from taxation? yes no

19. Property used for **Charitable Purposes.** **yes no**

If exemption is claimed for property used exclusively for **charitable purposes**, the applicant must show that it is a charitable institution. If the applicant has not previously received exemption as a charitable institution, it must provide Articles of Incorporation, Constitution or By-Laws, IRS Determination Letter, and any other similar relevant information,

20. Property used for Senior Citizens' **Residences.** **yes no**

If the purpose of the property is to provide a place of **residence for senior citizens**, submit all information required by section 5701.13 of the Ohio Revised Code.

The Tax Equalization Division may set a hearing on this application. If there is a hearing, the applicant must present a witness who can accurately describe the use of the property in question. At least ten (10) days' notice will be given to the applicant concerning the time and place of any hearing.

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.

Applicant or Representative _____
signature

print name and title

address

city **state** **zip**

phone number (include area code)

Date _____, 19____

COUNTY AUDITOR'S FINDING

	Land	Building	TOTAL
Taxable Value in Year of Application _____	\$	\$	\$
Taxable Value in Prior Year _____	\$	\$	\$

This application covers property that is:

Currently or
Previously Exempt

New Construction
on Previously
Exempted Parcel

Currently
or Previously
on CAUV

Auditor's Recommendation:

Grant

Partial Grant

Deny

None

COMMENTS:

Date

County Auditor

Forward two (2) copies of the completed application to the Ohio Department of Taxation, Tax Equalization Division, P.O. Box 530, Columbus, OH 43266-0030.

TREASURER'S CERTIFICATE

*If the Treasurer's Certificate is not properly filled out and signed, the Tax Commissioner will have **no jurisdiction to act on the application, and it will be returned to the Treasurer's Office.***

(Notice to Treasurer: The first paragraph of this certificate must **ALWAYS** be complete).

I hereby certify that ALL **TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST** levied and assessed against the above described property have been paid in full to and including the full tax year 19 _____

I further certify that the only UNPAID TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST which are a lien and unpaid on this property are as follows:

TAX YEAR	TAXES (Including penalties and interest)	SPECIAL Assessments (Including penalties and Interest)
19	\$	\$
19	\$	\$
19	\$	

If additional years are unpaid, please list on an attached sheet.

Date

County Treasurer