Linda L. Fraley - Clermont County Auditor

101 E. Main Street, Batavia, Ohio 45103

Homestead Exemption Application for Disabled Veterans and Surviving Spouses

DTE 105I Rev. 10/19

Real property and manufactured or mobile homes: File with the county auditor on or before December 31.

| Phone number | E-mail address |
|---|---|
| Mailing address | |
| Signature of applicant | Date |
| I am requesting the homestead exemption, (2) I currently occupy thomestead from a relative or in-law, other than my spouse, for the tation presented regarding my disability and my discharge or rele | as my principal place of residence on January 1 of the year(s) for which this property as my principal place of residence, (3) I did not acquire this purpose of qualifying for the homestead exemption, (4) the documentase has been received from the Department of Veterans Affairs or its application, and to the best of my knowledge and belief, this application |
| Address City | State ZIP code County |
| If the applicant or the applicant's spouse owns a second or vacation | on nome, please provide the address and county below. |
| A veteran with a total disability rating for compensation based award letter showing compensation at 100%, and a document unemployability. | on individual unemployability. Attach a copy of the veteran's DD214, the showing the approval of the application for a determination of individual |
| | eran's DD214 and the award letter showing the disability rating of 100%. |
| I am applying as: | |
| other | TE 100% Supplement for additional information. |
| a stockholder in a qualified housing cooperative. See form D | |
| | lding title to a homestead occupied by the settlor as a right under the trust |
| trustee of a trust with the right to live in the property | in for an odistanding mortgage |
| | and installment contract r) for an outstanding mortgage |
| The applicant is: an individual named on the deed a purchaser under a la | and installment contract |
| owned by a corporation, partnership, limited liability company or capplies to this property. | ad exemption, the form of ownership must be identified. Property that is other legal entity does not qualify for the exemption. Check the box that |
| Defense Form 214 (DD214). Yes No | le conditions? You will need to provide a copy of your Department of |
| | from tax bill or available from county auditor |
| County in which home is located Taxing district and parcel or registration number | |
| | |
| Name of spouse | |
| | Surviving spouse Yes No |
| Manufactured or mobile home Land under a manufactu | |
| Single family dwelling Unit in a multi-unit dwelling | |
| Type of home: | <u>_</u> |
| Current application Late application for prior year | |
| | f the year for which the exemption is sought. See instructions for filing a |
| Please read the instructions on the back of this form before vo | ou complete it. The applicant must be 100% disabled by or be receiving |

DTE 105I Rev. 10/19

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 be a Qualified Disabled Veteran or a surviving spouse (see definitions at right), have been discharged or released under honorable conditions, and 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 | ole bldgTaxable total | |
| VA documentation verified Yes No Request Granted | Denied | |
| County auditor (or representative) | Date | |