

MANUFACTURED HOME HOMESTEAD EXEMPTION APPLICATION FORM FOR SENIOR CITIZENS, DISABLED PERSONS, AND SURVIVING SPOUSES

FILE WITH COUNTY AUDITOR NO LATER THAN THE FIRST MONDAY IN JUNE

Please read page 2 of this form before you complete it. Disabled applicants must complete the medical certificate on back of this form. A current application is for next year. A **second** application may be filed for this year if you also qualified for this year. See **Late Application** on page2 of this form.

County _____
Registration No. _____
Tax District _____
(This may be taken from your tax bill.)

Application for next year _____	Application for this year _____
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Type of Application: Senior Citizen (age 65 and older)	Disabled Person	Surviving Spouse
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Name of Applicant _____		Name of Spouse _____	
Address of Manufactured Home _____			
Age of Applicant _____	Birth Date _____	Social Security Number _____	
Age of Spouse _____	Birth Date _____	Social Security Number _____	
Date Manufactured Home Acquired _____		From Whom _____	
Names of All Owners of Manufactured Home _____			

Income Information: The income asked for below on line 1 -- Adjusted Gross Income -- must be taken from your Federal Income Tax Return for last year (if this is a late application for this year, the income must be from your return filed two years ago). If you did not file an income tax return, see the back of this form for instructions.

1. **Adjusted Gross Income:** From Federal Income Tax Return Form 1040 or Form 1040A, from line marked *Adjusted Gross Income* on Tax Return
2. **Add Nontaxable Social Security Retirement and Survivors Benefits**
3. **Add Nontaxable Retirement, Pension and Annuity Benefits**
4. **Add Interest on Tax Exempt Government Obligations**
5. **Subtract Taxable Disability Payments Included on Line 1 as follows:**
 - a. Subtract All Disability Payments paid by Veterans Administration or a Branch of the Armed Forces
 - b. Subtract all Other Disability Benefits up to a Maximum of \$5,200.
6. **Total Income--** Add lines 1 through 4; subtract lines 5a and 5b.

APPLICANT AND SPOUSE		
	APPLICANT	SPOUSE
1	\$	
2	\$ +	\$ +
3	+	+
4	+	+
5a	-	-
5b	-	-
6	\$	

I declare under penalty of perjury that I occupy this manufactured home as my principal place of residence and that I have examined this return, and to the best of my knowledge and belief this return is true, correct and complete.

Signature of Applicant _____	Date _____
Applicant's Address _____	Phone (____) _____
_____	_____
City/State	Zip

FOR COUNTY AUDITOR'S USE ONLY -- DESCRIPTION ON TAX LIST			GRANTED	DENIED
Manufactured Home Location	Make	Yr Mfg	Serial No.	Certificate of Title No.
Manufactured Home Assessable Value \$ _____			Taxable Value on Land if Applicable \$ _____	
Name on Tax Duplicate _____			AMT. OF REDUCTION \$ _____	
			Date Filed _____	

PLEASE READ THIS BEFORE YOU COMPLETE THE APPLICATION FORM

WHAT YOUR SIGNATURE MEANS: By signing the front of this form, you authorize the auditor to examine any financial records that relate to your income. You also affirm under penalty of perjury that you did not acquire the home from a relative or in-law, other than your spouse, for the purpose of qualifying for the homestead exemption. A conviction of willfully falsifying information on any application will result in loss of the homestead exemption for three years.

QUALIFICATIONS: To receive the homestead exemption you must (1) be at least 65 years old during the year following the year in which you first file, or be permanently and totally disabled (see definition below), or be a surviving spouse (see below); (2) have total income of not more than \$16,500; and (3) own and occupy your home as manufactured home as your principal place of residence.

INSTRUCTIONS: The line after *Auditor's No.* is for the auditor only; do not write on it. The lines following *Registration No.* and *Tax District* are for the registration number of your manufactured home and for the taxing district in which it is located. Both of these can be found on your tax bill. If you cannot locate these, contact your county auditor. In the line following *Names of All Owners of the Manufactured Home*, list the names of the owners as they appear on your tax bill. If the names are not there, list the names as they appear on the certificate of title.

CURRENT APPLICATION: If you qualify for the homestead exemption for the first time this year, check the box for *Application for Next Year*.

LATE APPLICATION: If you also qualified for the homestead exemption for this year, but did not file an application last year, you may file a *Late Application* for this year. When you file a late application, check the box on the second application at *Application for This Year*. File both applications with the auditor at the same time.

TOTAL INCOME: Total income includes the income of all owners of the home, and includes the income of the spouse of each owner, even though the spouse may not actually be an owner. If you did not file an income tax return, Adjusted Gross Income under the Internal Revenue Code includes compensation, rents, interest, fees and most other types of total income. It does not include workers' compensation and black lung benefits, certain disability benefits, or social security or veterans' disability benefits. If you are unsure of what income is included, contact your county auditor.

Certain disability benefits are included in total income and certain disability benefits become retirement benefits at a given age. If you receive disability income and do not know whether it is included in adjusted gross income, contact your county auditor. All retirement benefits are included in total income even though they may not be taxable.

SURVIVING SPOUSE: A surviving spouse (1) must be the surviving spouse of a person who applied and qualified for the manufactured home homestead exemption by reason of disability or age in the year of death, and (2) must have been at least 59 years old on the date of the decedent's death

CERTIFICATE OF DISABILITY HOMESTEAD EXEMPTION

Section 4503.064, Revised Code, provides: "'Permanently and totally disabled' means a person who has, on the first day of January of the year of application, including late application, for reduction in the assessable value of a manufactured, has some impairment in body or mind that makes him unfit to work at any substantially remunerative employment which he is reasonably able to perform and which 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.

In accordance with the above, I (we) hereby certify that _____ was, as of January 1, _____, and is now permanently and totally disabled by virtue of _____ physical disability or _____ mental disability.

License Number

Physician (Signature)

Psychologist (Signature)

Agency

If Agency: Signature and Title of Person Completing Form

Print Name of Person Signing

Address (please print)

City/State, Zip Code (please print)

Date