



### 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 the maximum allowed, which is adjusted annually for inflation (contact your county auditor for current maximum); and (3) own and occupy your 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 for next 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. If you turn age 66 or older this year and received the homestead exemption based on a disability for the year you turned age 64, complete and attach DTE Form 50W to this application. All retirement benefits are included in total income even though they may not be taxable, unless you are eligible to file Form 50W.

**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, on the first day of January of the year of application, including late application, for reduction in the assessable value of a manufactured home, 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,  
Applicant  
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