

# Continuing Application for Homestead Exemption

DTE 105B  
Rev. 01/21

File with the county auditor no later than December 31 for real property and for manufactured or mobile homes only if changes in your eligibility status have occurred.

To be completed by the county auditor prior to mailing:

County \_\_\_\_\_ Tax year \_\_\_\_\_  Real property  Manufactured or mobile home

Taxing district and parcel or registration number \_\_\_\_\_

Owner(s) as shown on the tax list \_\_\_\_\_

Homestead address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Instructions to Homestead Recipient

You must report any changes each year that would affect your homestead exemption on this form. If any have occurred, complete this form and return it to the county auditor by December 31<sup>st</sup> for real property and manufactured or mobile homes. **If no changes have occurred, you do not have to return this form.**

Check any of the following changes in your eligibility status that apply:

The property described above is no longer the owner's principal place of residence.

There has been a change in the ownership of the property.

New owner(s) \_\_\_\_\_

The owner's disability status has changed.

The owner qualifies as a veteran with a service-connected disability with a total disability rating for compensation following a determination of individual unemployability and either the rating or the determination has changed.

The owner qualifies as a veteran with a service-connected disability, and the veteran's service-connected disability or combination of service-connected disabilities rating has changed.

The owner has died.

Name of decedent \_\_\_\_\_ Date of death \_\_\_\_\_

Name of surviving spouse \_\_\_\_\_ Spouse's age on date of death \_\_\_\_\_

The surviving spouse of a public service officer killed in the line of duty has remarried.

Date of Remarriage \_\_\_\_\_

The property is in a revocable inter vivos trust and there has been a change thereto or a revocation thereof.

The owner qualified under Ohio Revised Code section 323.152(A)(1)(b)(iii). (Income Verification) and total income has changed.

Total income \_\_\_\_\_

Owner's Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

**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.**

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Applicant's daytime phone number

\_\_\_\_\_  
Applicant's e-mail address