

# APPLICATION FOR MANUFACTURED AND MOBILE HOME TAX EXEMPTION AND REMISSION


\_\_\_\_\_  
COUNTY NAME


Date Received by  
County Auditor


Date Received by  
DTE

OFFICE USE ONLY  
County Application Number  
DTE Application Number

### GENERAL INSTRUCTIONS

 Submit three (3) copies of this application to the auditor's office in the county where the home is located. (Make a copy for your records.) Applications should not be filed until the year following acquisition of the property. 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.

 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 questions on the form. 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.

**PLEASE TYPE OR PRINT CLEARLY.**

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

Applicant Name: \_\_\_\_\_  
Name  
Notices concerning this application should be sent to: \_\_\_\_\_  
Name (If different than Applicant)  
Address  
City State Zip Phone Number

1. Registration Number(s):  
(If more than 4, continue on an attached sheet.)  
All homes must be in the same School District.
- a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_

2. School District where Located: \_\_\_\_\_

3. Street Address or location of home: \_\_\_\_\_  
\_\_\_\_\_

4. Title to this home is in the name of: \_\_\_\_\_

5. If the title holder is different from the applicant please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Title holder is (check one):  a nonprofit corporation  an unincorporated association/organization  
 an individual  other \_\_\_\_\_

7. Exact date title was acquired: \_\_\_\_\_ 8. Title was acquired from: \_\_\_\_\_  
Please attach copy of the Certificate of Title.

9. Does the applicant have a lease or installment purchase agreement for this property?  yes  no  
If yes, please attach a copy.

10. Amount paid by title holder for the home: \$ \_\_\_\_\_

11. Exact date the exempt use began: \_\_\_\_\_

12. Under what section(s) in Chapter 5709 of the Ohio Revised Code is exemption sought?  
O.R.C. \_\_\_\_\_ O.R.C. \_\_\_\_\_ O.R.C. \_\_\_\_\_

13. How is this home now being used? **Do not** give conclusions such as charitable purpose, public worship, or public purpose. Be specific about what is being done in the home and who uses it. If the home is not currently being used, but there is an intent to use it later for an exempt purpose, describe the intended use and the date set for the intended use.

14. During the years in question, was any part of this home:  
a) Leased or rented to anyone else?  yes  no

If yes, please attach copy of lease agreement.

b) Used for the operation of any business?  yes  no

c) Used for agricultural purposes?  yes  no

d) Used to produce any income other than donations?  yes  no

**NOTE: If the answer to any part of question 15 is "Yes," enclose all details on a separate sheet of paper. If money is received, submit profit and loss statements, income and expense data, balance sheets, or any other financial statements.**

15. Is anyone living or residing in any part of this home?  yes  no  
 If yes, answer the following.  
 a) The person's name and position: \_\_\_\_\_  
 b) The resident's duties (if any) in connection with this home: \_\_\_\_\_  
 c) The rent paid, or other financial arrangements: \_\_\_\_\_

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

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

18. Home used for **Charitable Purposes**.  
 If the applicant has not previously received exemption for property used exclusively for a charitable purpose, please provide Articles of Incorporation, Constitution or By-Laws, IRS Determination Letter, and any other similar relevant information.

19. Home used for **Senior Citizens' Residences**.  
 If the purpose of the home 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 home in question. At least ten day's 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

Date \_\_\_\_\_

## COUNTY AUDITOR'S FINDING

Assessable Value in Year of Application _____ (Year)	\$
Assessable Value in Prior Year _____ (Year)	\$

**This application covers property that is:**

- Currently or Previously Exempt
  New Manufactured or Mobile Home

**Auditor's Recommendation:**     Grant     Partial Grant     Deny     None

**COMMENTS:**

\_\_\_\_\_  
County Auditor (Signature)

\_\_\_\_\_  
Date

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 home have been paid in full to and including the tax year \_\_\_\_\_.

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

TAX YEAR	TAXES (Including penalties and interest)	SPECIAL ASSESSMENTS (Including penalties and interest)
	\$	\$
	\$	\$
	\$	\$

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

\_\_\_\_\_  
County Treasurer (Signature)

\_\_\_\_\_  
Date