



5. a) Title to this property is in the name of: \_\_\_\_\_  
b) Address of owner: \_\_\_\_\_
6. If title holder is different from the applicant, please explain: \_\_\_\_\_
7. Title holder is:  a nonprofit corporation  an unincorporated association/organization  
(check one)  an individual  other \_\_\_\_\_
8. Exact date title was acquired: \_\_\_\_\_ 9. Title was acquired from: \_\_\_\_\_  
Please attach copy of the deed.
10. Does the applicant have a lease or land contract for this property?  yes  no  
If yes, please attach a copy.
11. Amount paid by title holder for the property: \_\_\_\_\_
12. Exact date the exempt use began: \_\_\_\_\_
13. Under what section(s) of the Ohio Revised Code is exemption sought?  
R.C. \_\_\_\_\_ R.C. \_\_\_\_\_ R.C. \_\_\_\_\_
14. How is this property being used? **Do not** give conclusions such as charitable purpose, public worship, or public purpose. Be specific about what is being done on the property and who uses it. If the property 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.
15. During the years in question, was any part of this property (check one):
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Leased or rented to anyone else?<br>If yes, please attach copy of lease agreement. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b) Used for the operation of any business?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c) Used for agricultural purposes?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d) Used to produce any income other than donations?                                   | <input type="checkbox"/> yes | <input type="checkbox"/> 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.**
16. Is anyone living or residing on any part of this property?  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 property: | _____ |
| c) the rent paid, or other financial arrangements:                  | _____ |
17. Is anyone using this property other than the applicant?  yes  no  
If yes, please enclose a complete, detailed explanation.
18. Does the applicant own property in this county which is already exempt from taxation?  yes  no
19. Property used for **Charitable Purposes**.  
Please provide Articles of Incorporation, Constitution or By-Laws, IRS Determination Letter, and any other similar relevant information.
20. Property used for **Senior Citizens' Residences**.  
If the purpose of the property is to provide a place of **residence for senior citizens**, submit all information required by section 5701.13 of the Ohio Revised Code.

The Ohio Department of Taxation 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 property in question. A notice of at least ten (10) days 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

telephone number

date

### County Auditor's Finding

	Land	Building	Total
Taxable Value in Year of Application (Tax Year)			
Taxable Value in Prior Year (Tax Year)			

This application covers property that is (check all that apply):

- Currently exempt\*     
  New Construction on previously exempted parcel     
  Currently on CAUV  
 Previously exempt     
  Previously on CAUV

Auditor's Recommendation:     
 Grant     
 Partial Grant     
 Deny     
 None

Comments:

County Auditor (signature)

date

Auditor to forward two (2) copies of the completed application to the Ohio Department of Taxation, Equalization Division, P.O. Box 530, Columbus OH 43216-0530.

\*If the property or any portion of the property is currently exempt, please indicate the type of exemption, the portion of property exempted, and the tax years to which the current exemption applies.

**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 subject to dismissal.*

**(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 property have been paid in full to and including the tax year \_\_\_\_\_. The most recent year for which taxes and special assessments have been charged is tax year \_\_\_\_\_.

I further certify that the only **UNPAID TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST** which have been charged against this property are as follows:

Parcel Number	Tax Year	Taxes (including penalties and interest)	Special Assessments (including penalties and interest)

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

Have Tax Certificates been sold under R.C. 5721.32 or 5721.33

for any of the property subject to this application?

yes

no

Are any unpaid taxes listed on this certificate subject to

a valid delinquent tax contract under R.C. 323.31(A)?

yes

no

If yes, list tax years: \_\_\_\_\_

**Comments:**

County Treasurer (signature)

Date