

Homestead Exemption Application for Disabled Veterans and Surviving Spouses

DTE 105I Rev. 10/19

Real property and manufactured or mobile homes: File with the county auditor on or before December 31.

Phone number	E-mail address
Mailing address	
Signature of applicant	Date
I am requesting the homestead exemption, (2) I currently occupy this homestead from a relative or in-law, other than my spouse, for the p tation presented regarding my disability and my discharge or release	my principal place of residence on January 1 of the year(s) for which is property as my principal place of residence, (3) I did not acquire this purpose of qualifying for the homestead exemption, (4) the documente has been received from the Department of Veterans Affairs or its polication, and to the best of my knowledge and belief, this application
Address City	State ZIP code County
If the applicant or the applicant's spouse owns a second or vacation	home, please provide the address and county below.
A veteran with a total disability rating for compensation based on	an's DD214 and the award letter showing the disability rating of 100%. I individual unemployability. Attach a copy of the veteran's DD214, the nowing the approval of the application for a determination of individual
I am applying as:	1 PP044 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
other	
a stockholder in a qualified housing cooperative. See form DTE	105A – Supplement for additional information.
the settlor, under a revocable or irrevocable inter vivos trust, holdi	ng title to a homestead occupied by the settlor as a right under the trust
trustee of a trust with the right to live in the property	
a life tenant under a life estate a mortgagor (borrower)	for an outstanding mortgage
an individual named on the deed a purchaser under a land	d installment contract
The applicant is:	
	exemption, the form of ownership must be identified. Property that is er legal entity does not qualify for the exemption. Check the box that
Were you discharged or released from active duty under honorable Defense Form 214 (DD214). Yes No	from tax bill or available from county auditor conditions? You will need to provide a copy of your Department of
Taxing district and parcel or registration number	
County in which home is located	
Home address_	
Name of spouse	
Applicant's name	
☐ Single family dwelling ☐ Unit in a multi-unit dwelling ☐ Co☐ Manufactured or mobile home ☐ Land under a manufacture	
Type of home:	
Current application Late application for prior year	
late application on page 2 of this form.	

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Please read before you complete the application.

What is the Homestead Exemption for Disabled Veterans? The homestead exemption provides a reduction in property taxes to qualified disabled v eterans, o r a s urviving s pouse, o n the dwelling that is that individual's principal place of residence and up to one acre of land of which an eligible individual is an owner. The reduction is equal to the taxes that would otherwise be charged on up to \$52,300 of the market value of an eligible taxpayer's homestead.

What Your Signature Means: By signing the front of this form, you affirm under penalty of perjury that your statements on the form are true, accurate and complete to the best of your knowledge and belief and that the documentation you have presented is genuine and was received from the Department of Veterans Affairs, its predecessor or successor.

Qualifications for the Homestead Exemption for Real Property and Manufactured or Mobile Homes: To receive the homestead exemption you must be a Qualified Disabled Veteran or a surviving spouse (see definitions at r ight), h ave b een d ischarged or released under honorable conditions, and own and have occupied your home as your principal place of residence on January 1 of the year in which you file the application. A person only has one principal place of residence; your principal place of residence determines, among other things, where you are registered to vote and where you declare residency for income tax purposes. If the property is being purchased under a land contract, is owned by a life estate or by a trust, or the applicant is the mortgagor of the property, you may be required to provide copies of any contracts, trust agreements, mortgages or other documents that identify the applicant's eligible ownership interest in the home.

Definition of a Surviving Spouse: An eligible surviving spouse must (1) be the surviving spouse of a person who was receiving

the homestead exemption for the year in which the death occurred, (2) must have occupied the homestead at the time of the veteran's death and (3) must acquire ownership of the homestead or, in the case of a homestead that is a unit in a housing cooperative, continue to occupy the homestead. The surviving spouse remains eligible for the exemption until the year following the year in which the surviving spouse remarries.

Current Application: If you qualify for the homestead exemption for the first time this year (for real property) or for the first time next year (for manufactured or mobile homes), check the box for *Current Application* on the front of this form.

Late Application: If you also qualified for the homestead exemption for last year (for real property) or for this year (for manufactured or mobile homes) on the same property for which you are filing a current application, but you did not file a current application for that year, you may file a late application for the missed year by checking the late application box on the front of this form. You may only file a late application for the same property for which you are filing a current application.

Qualified Disabled Veteran: In order to qualify for the exemption you must be a veteran of the armed forces of the United States, including reserve components thereof, or of the National Guard, who has been discharged or released from active duty under honorable conditions, and who has received a total disability rating (100%) or a total disability rating for compensation (100%) based on individual unemployability, for a service-connected disability or combination of service-connected disabilities.

FOR COUNTY AUDITOR'S USE ONLY:		
Taxing district and parcel or registration number	Auditor's application number	
First year for homestead exemption		
Date filed		
Name on tax duplicate		
Taxable value of homestead: Taxable land Taxable	le bldgTaxable total	
VA documentation verified Yes No Request Granted	Denied	
County auditor (or representative)	Date	

ONCE COMPLETED, MAIL TO:
MICHAEL STINZIANO
FRANKLIN COUNTY AUDITOR
373 S. High St., 21st Floor
Columbus, Ohio 43215-6310
614-525-3240