

COUNTY \_\_\_\_\_ AUDITOR'S NUMBER \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_ TAX YEAR \_\_\_\_\_ GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_

**APPLICATION FOR TWO AND ONE-HALF PERCENT TAX REDUCTION ON HOME  
(TO BE FILED WITH THE COUNTY AUDITOR BY THE FIRST MONDAY IN JUNE)**

TO RECEIVE THE TAX REDUCTION ON YOUR HOME, YOU MUST (1) OWN AND LIVE IN YOUR HOME AS OF JANUARY 1 THIS YEAR, AND (2) OCCUPY YOUR HOME AS YOUR PRINCIPLE PLACE OF RESIDENCE FOR A SUBSTANTIAL PART OF EACH YEAR.

For the purpose of the tax reduction on your home, an owner means a person whose name is on the deed to the home, a buyer under land contract, a life estate tenant, or a mortgagor. Only one home in this state owned by the same person, or his or her spouse is entitled to the two and one-half percent tax reduction.

THE TWO AND ONE-HALF PERCENT REDUCTION DOES NOT APPLY TO THE FOLLOWING HOMES:  
Rental homes or apartments, (2) Homes occupied by someone other than the owner; (3) Homes owned by corporations (profit or non-profit), partnerships, associations, or groups, (4) A unit within a building where the building is used primarily for retail, commercial or other non-residential purposes, and (5) House trailers and mobile homes.

IF YOU QUALIFY FOR THE TWO AND ONE-HALF TAX PERCENT TAX REDUCTION ON YOUR HOME, COMPLETE THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED TO DETERMINE ELIGIBILITY.

OWNER(S) NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DATE ACQUIRED \_\_\_\_\_ DATE OCCUPIED \_\_\_\_\_

PURCHASED FROM \_\_\_\_\_

DWELLING TYPE: ( ) SINGLE FAMILY ( ) UNIT WITHIN A MULTI-FAMILY DWELLING ( ) CONDOMINIUM

IS THE LAND AROUND THE HOME MORE THAN ONE ACRE? Yes \_\_\_\_\_ NO \_\_\_\_\_

DO YOU OCCUPY ALL THE BUILDING IN QUESTION AS YOUR PRINCIPAL PLACE OF RESIDENCE?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, GIVE DETAILS \_\_\_\_\_

I declare under penalty of perjury that this has been examined by me and is to the best of my knowledge and belief a true, accurate, and complete report.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(If using a post office box, please also include house number, street or road name, and town.)

**FOR USE OF COUNTY AUDITOR ONLY**

Description of Home \_\_\_\_\_

Name on tax list \_\_\_\_\_

APPLICATION DENIED: I hereby find that this home is not entitled to receive two and one-half percent tax reduction under Sections 323.151 to 323.158 of the Revised Code. Therefore, the application is denied for the following reason (s):

Date copy was mailed to applicant \_\_\_\_\_ County Auditor \_\_\_\_\_