

LUCAS
County Name

Application for Real Property Tax Exemption and Remission

DTE 23
Rev. 4/05

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| Date received by county auditor |
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| Date received by DTE |
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| Office Use Only |
|---------------------------|
| County application number |
| DTE application number |

General Instructions

- Submit original plus two copies of this application to the auditor's office in the county where the property 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 Dec. 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 (page 3) and the Treasurer's Certificate (page 4) of this application must be completed. Ask your county auditor for the procedure to follow to obtain the Treasurer's Certificate. When presented with this application, the county treasurer should promptly complete the certificate and return the application to you so it may be filed with the county auditor. The county treasurer should make certain the treasurer's certificate is complete and accurately reflects the payment status of taxes, special assessments penalties, and interest, by tax year. Obtain a copy of the property record card from the county auditor and enclose it with this application. It is the applicant's responsibility to make sure the information supplied by the county auditor and county treasurer is complete and accurate.
- 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. This application must be signed by the property owner or the property owner's representative.

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 from applicant) | | | |
| | _____ | | | |
| | Address | | | |
| | _____ | _____ | _____ | _____ |
| | City | State | ZIP | Telephone number |

1. Parcel number(s) _____
(if more than four, continue on an attached sheet). **All parcels must be in the same school district.**
 - a) _____
 - b) _____
 - c) _____
 - d) _____
2. School district where located _____
3. Total size of parcel(s) Less than ONE acre One acre or MORE Number of acres _____
4. Street address or location of property _____

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 (R.C.) 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? If yes, please attach copy of lease agreement. | Yes | No |
| 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.**
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 R.C. section 5701.13.

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 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

Forward two 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