



# County of Hamilton

**DUSTY RHODES  
AUDITOR**

Homestead Division  
138 East Court Street, Room 310  
Cincinnati, Ohio 45202  
(513) 946-4099

**Please read this document BEFORE completing your *Homestead Application***

## **HERE'S HOW THE HOMESTEAD LAW WORKS:**

- **IF you will turn 65 within the calendar year, OR were first found to be disabled as of January 1, of the current calendar year, and owned and occupied your home as of January 1 of the same year you are filing your application, you are eligible for Homestead only if your Ohio Adjusted Gross Income (OAGI), plus the OAGI of your spouse, does not exceed the allowable limit set by the State of Ohio.**
- **Please provide proof of your Ohio Adjusted Gross Income (OAGI), for both spouses, for the prior tax year, by supplying a copy of your OHIO IT 1040 you will submit this year. *Or* if you will not file an Ohio income tax return form, supply a copy of your end-of-year SSA-1099 statement. Applicants who are not required to file an Ohio income tax return may complete and submit “mock” federal and state returns using the instructions included on those forms. Forms are available on IRS and Ohio Department of Taxation websites.**
- **When applying please provide a copy of each spouse’s driver’s license or State of Ohio ID card.**
- **If either spouse owns additional property, we request that you show proof from the other county and state, for each such property, indicating that no owner-occupied credits are being received.**
- **If you hold ownership under a Trust Agreement, provide a copy of the first page of the trust identifying the parties to the trust as well as the signature and notarization page/s of the trust.**
- **If you hold ownership as a Life Tenant under a Life Estate deed, provide a copy of the deed or if you are Purchaser under a Land Installment Contract, provide a copy of the land contract.**
- ***Applications must be RECEIVED in our office by or before December 31 of the current calendar year. A postmark of the deadline date is NOT considered to be received on time.***
- **If you have any questions regarding the program or the application or forms, please call the Homestead Division at 513-946-4099.**
- **PLEASE SCROLL DOWN OR SEE THE BACK OF THIS PAGE TO LEARN MORE ABOUT TERMS AND RULES AND TO OBTAIN OUR MAILING ADDRESS.**
- **Thank you for your interest.**

## Please Read Before You Complete the Application

**What is the Homestead Exemption?** The homestead exemption provides a reduction in property taxes to a qualifying senior or disabled citizen, on 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 \$25,000 of the market value of an eligible taxpayer's home. The reduction for **100% Service-Connected Disabled Veterans** would be equal to the taxes that would otherwise be charged on up to \$50,000 of the market value of an eligible taxpayer's home.

**What your signature means:** By signing the application, you affirm under penalty of perjury that your statements on the application are true, accurate, and complete to the best of your knowledge and belief and that you are authorizing the tax commissioner and the county auditor to review financial and tax information filed with the state. A conviction of willfully falsifying information on this application will result in the loss of the homestead exemption for a period of three years.

**Qualifications for the Homestead Exemption:** To receive the homestead exemption you must be (1) at least 65 years of age during the year you first file, or be determined to have been permanently and totally disabled (*see definition*) as of Jan. 1, or be a surviving spouse (*see definition*), and (2) own and have occupied your home as your principal place of residence on Jan. 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 you expect to qualify based on age, you will be required to present evidence of age. 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 an outstanding mortgage on 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.

If you are applying for homestead your total income cannot exceed the amount set by law. "Total Income" is defined as the adjusted gross income for Ohio income tax purposes (line 3 of Ohio income tax return) of the owner and the owner's spouse for the year preceding the year for which you are applying. If you do not file an Ohio income tax return, adjusted gross income includes compensation, rents, interest, fees and most other types of total income. Certain Social Security and disability benefits are not included in adjusted gross income. If you are unsure of what income is included, contact your county auditor. You will be required to produce evidence of income.

**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 the application.

**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 the application. You may only file a late application for the same property for which you are filing a current application.

**Definition of a Surviving Spouse:** An eligible Surviving spouse must (1) be the surviving spouse of a person who was receiving the homestead by reason of age or disability for the year in which the death occurred, and (2) must have been at least age 59 on the date of the decedent's death & must meet all other homestead exemption requirements.

**Permanent Disability:** Permanent and totally disabled means a person who has, on the first day of January of the year for which the homestead exemption is being requested, some impairment of body or mind that makes him/her unfit to work at any substantially remunerative employment which he/she is reasonably able to perform and which will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery, or who has been certified as totally and permanently disabled by an eligible state or federal agency.

**Total Income:** "Total Income" is defined by Ohio law to be the Ohio Adjusted Gross Income (OAGI) of the owner and spouse for the year preceding the year in which a homestead application is made.

**Please use below mailing address:**

Hamilton County Auditor  
Attn: Homestead Department  
138 East Court Street Rm. 310  
Cincinnati, Ohio 45202



# County of Hamilton

**DUSTY RHODES  
AUDITOR**

Homestead Division  
138 East Court Street, Room 310  
Cincinnati, Ohio 45202  
(513) 946-4099

## Homestead Exemption Application for Senior Citizens, Disabled Persons, and Surviving Spouses for the Extended Filing Period

Real Property Applications to be filed with the County Auditor on or before December 31 of the current calendar year  
Manufactured or Mobile Home Applications to be filed with the County Auditor on or before the first Monday in June!

Please attach to your application a copy of applicant and spouse's driver's license or State issued ID card

Had you previously received Homestead at a prior parcel? \_\_\_\_\_

**100% Service-Connected Disabled Veterans please use DTE 105 I.**  
Disabled applicants under 65 can complete DTE 105 E and attach it  
or a separate certification of disability status from an eligible state  
or federal agency to this application. (e.g. SSA Notice of Award letter)  
Regarding Late Applications Prior Year, please see the Instructions.

<p><b>FOR COUNTY USE ONLY:</b> Parcel / Registration Number: _____ Income Verification: Year _____ Income _____ Amount of Refund Granted: _____ First Year of Homestead Exemption: _____</p>
--

**Please read ALL Instructions before you complete this form!**

- Current Application       Late Application Prior Year
- Application of person who received homestead reduction for 2013 or for 2014 for manufactured or mobile homes. Form DTE 105G must accompany this application. **(Do not write your SSN)**
- Application of person who received the homestead reduction for 2006 that is greater than the reduction calculated under the current law. Form DTE 105G must accompany this application. **(Do not write your SSN)**

**Type of application:**

- Senior Citizen (must be at least age 65 by December 31<sup>st</sup> of the year application is filed)
- Disabled person (must be permanently and totally disabled on January 1 of the year application is filed)
- Surviving spouse (must have been at least 59 years old on the date of spouse's death and must meet all other homestead exemption requirements)

**Type of home:**

- Single family dwelling       Unit in a multi-unit dwelling       Manufactured or mobile home
- Land under a manufactured or mobile home       Condominium       Unit in a housing cooperative

**Applicant's Name :** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name of spouse :** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Parcel or registration number:** \_\_\_\_\_ (from tax bill or available from county auditor)

In order to be eligible for the Homestead Exemption, the form of ownership must be identified. Property that is owned by a corporation, partnership, limited liability company or other legal entity does not qualify for the exemption. Check the box that applies to this property.

- an individual named on a deed
- a purchaser under a land installment contract
- a life tenant under a life estate
- a mortgagor (borrower) for an outstanding mortgage
- trustee of a trust with the right to live in the property
- the settlor, under a revocable or irrevocable inter vivos trust, holding title to a homestead occupied by the settlor as a right under the trust
- a stockholder in a qualified housing cooperative. See form DTE 105A
- other \_\_\_\_\_

**If the applicant or the applicant's spouse owns a second or vacation home (in or outside of Hamilton County), please provide the full address(es) below or as an attachment. Verification of credits received elsewhere may be requested.**

IF YOU OWN NO OTHER PROPERTY, PLEASE WRITE 'N/A' ON THIS LINE.

Address	City	State	Zip Code	County
_____	_____	_____	_____	_____

Total income for the year preceding year of application, if known (see instructions): \_\_\_\_\_

Have you or do you intend to file an Ohio income tax return for last year?  Yes  No (You **must** indicate)

If you filed, you **must** submit a copy of your Ohio IT1040 form (pgs. 1 & 2) filed this year.

If you were not required to file an Ohio income tax return, submit a copy of any W-2 and/or 1099s for the prior tax year.

I declare under penalty of perjury that (1) I occupied this property as my principal place of residence on Jan. 1 of the year(s) for which I am requesting the homestead exemption, (2) I currently own this property as my principal place of residence, (3) I did not acquire this homestead from a relative or in-law, other than my spouse, for the purpose of qualifying for the homestead exemption, and, (4) my total income for myself and my spouse for the preceding year is as indicated above and, (5) I have examined this application, and to the best of my knowledge and belief, this application is true, correct and complete.

I (we) acknowledge that by signing this application, I (we) delegate to both the Ohio tax commissioner and to the auditor of the county in which the property for which I am seeking exemption is located, and to their designated agents, the authority to release my tax and/or financial records and to examine and consult regarding such records for the purpose of determining my eligibility for the homestead exemption or a possible violation of the homestead laws. Such records shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, including O.R.C. 5703.21 and 5747.18, which may otherwise prohibit disclosure, and agree to hold the Ohio tax commissioner and county auditor harmless with respect to the limited disclosures herein. Except as authorized by law, the parties to which this authority is delegated shall maintain the confidentiality of the information received and the information shall not otherwise be re-disclosed.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
E-mail address (optional)



# County of Hamilton

**DUSTY RHODES  
AUDITOR**

Homestead Division  
138 East Court Street, Room 310  
Cincinnati, Ohio 45202  
(513) 946-4099

Dear Homestead Applicant:

Persons who received a Homestead Exemption on any property within the state for tax year 2013 may move to a new residence within the state and qualify for the Homestead Exemption on a new, otherwise qualifying home without meeting the income threshold test imposed upon new applicants. DTE Form 105G has been created to help county auditors track these situations so that all who are eligible will receive the Exemption. We have enclosed a copy of this form for your convenience.

***The homeowner must present sufficient evidence to the county auditor so that the auditor can verify the existence of a Homestead Exemption.*** The evidence being requested is as follows:

For individuals who have moved **into** Hamilton County:

- An original Homestead Addendum Form (105G)
- A Homestead Application form (105A)
- A copy of the homestead application *or* an official letter from the preceding county.
- A completed Verification Form (enclosed is a copy or download it from the Auditor's website)
- Copy of driver's license for both applicant and spouse
- If applicable, copies of the first page and signature & notarization page of the trust agreement

For individuals who have transferred to another property **within** Hamilton County:

- An original Homestead Addendum form (105G)
- A Homestead Application form (105A)
- Copy of driver's license for both applicant and spouse
- If applicable, copies of the first page and signature & notarization page of the trust agreement

If you have questions regarding this process, please do not hesitate to contact our office Monday – Friday, 8:00am – 4:30pm at (513) 946-4099. You may also visit our website at [www.hcauditor.org](http://www.hcauditor.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Silver".

Susan Silver  
Director of Administration



# County of Hamilton

**DUSTY RHODES  
AUDITOR**

Homestead Division  
138 East Court Street, Room 310  
Cincinnati, Ohio 45202  
(513) 946-4099

## Addendum to the Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

**For applicants who have previously received the homestead exemption under R.C. 323.152(A)(2)(b).**

Individuals who received the homestead exemption for tax year 2013 (2014 for manufactured and mobile homes) on any residence may continue to receive the homestead exemption on another residence within the state without meeting the income test currently required for the exemption, if a different residence otherwise meets the qualification of a homestead.

In order to assure that an applicant has previously received the homestead exemption for the aged, disabled, or as a surviving spouse, certain information must be made available to the county auditor.

What month and year did this home become your primary residence? \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Applicant's current home address: \_\_\_\_\_

Parcel or Registration number of current home: \_\_\_\_\_

Name(s) under which prior Homestead was granted: \_\_\_\_\_

County in which prior homestead was granted: \_\_\_\_\_

Address for which prior homestead was granted: \_\_\_\_\_

Parcel or Registration number of prior home: \_\_\_\_\_

I declare under penalty of perjury that I was receiving the homestead exemption for tax year 2013 (2014 for manufactured and mobile homes) on the property described in this addendum, and have examined this document and, to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail Address (optional)