Homestead Exemption and Owner-Occupancy Reduction Certificate of Approval

Co	unty	
Pai	rcel or registration no.	
Tax	district	
Apı	olication no	
		J
То		
	Name of applicant	
I have fully investigated one box):	the facts and statements contained in your application for a homestead exen	nption under (check
	section (R.C.) 323.152 for the homestead exemption for qualifying senior citizens surviving spouses, for real property;	s (age 65 and older)
	ne homestead exemption for qualifying senior citizens (age 65 and older), disable unufactured or mobile homes;	ed persons or surviv-
	e homestead exemption for qualifying senior citizens (age 65 and older), disable ving a unit in a housing cooperative.	d persons or surviv-
R.C. 323.152(B) for	the owner-occupancy tax reduction for owner-occupied homes.	
Based on that investiga	tion, I find that the exemption requested is approved.	
I hereby certify that I	mailed a copy of this approval to the applicant on	
	Date	
County audi	tor	

Instructions to the county auditor:

- 1. The auditor shall send this form to the applicant by the first Monday in October, when the applicant's **original** application is first approved. Do not send this form for tax years following the tax year for which the exemption is first approved. The homestead exemption and the owner-occupancy reduction are presumed to continue indefinitely, until withdrawn by the applicant or denied by the auditor.
- 2. If the box for a housing cooperative is checked, the auditor shall also send this form, by the first Monday in October, to the nonprofit corporation that owns and operates the housing cooperative.