Homestead Exemption and Owner-Occupancy Reduction Certificate of Denial

	County	
	Parcel or registration no.	
	Tax district	
	Application no.	
		1
То	Name of smulistrat	
	Name of applicant	
I have fully investone box):	stigated the facts and statements contained in your application for a homestead exen	nption under (check
	d Code section (R.C.) 323.152(A) for the homestead exemption for senior citizens (agens or surviving spouses, for real property;	∍ 65 and older), dis-
	65 for the homestead exemption for senior citizens (age 65 and older), disabled persons o tured or mobile homes;	r surviving spouses,
R.C. 323.152	2(B) for the owner-occupancy tax reduction for owner-occupied homes.	
R.C. 323.151	I(F) or R.C. 4503.065(B) for the homestead exemption for qualifying 100% service-connected	ed disabled veterans.
R.C. 323.152	2(A)(3) or R.C. 4503.065(C) for the surviving spouse of a public service officer killed in	the line of duty.
	9 for the homestead exemption for qualifying senior citizens (age 65 and older), disable occupying a unit in a housing cooperative.	d persons or surviv-
Based on that in	vestigation, I find that the exemption requested is denied for the following reason(s):	
I hereby certify	that I mailed a copy of this denial to the applicant on	<u> </u>
Coun	nty auditor	

Instructions for appeal: If you believe that your application has been improperly denied or that the reduction is less than that to which you are entitled, you may file an appeal with the county board of revision on form DTE 106B, which you may obtain from the county auditor or at the Ohio Department of Taxation's Web site at **tax.ohio.gov.**

Instructions for the county auditor: The county auditor shall send this form to the applicant within thirty days of the decision. For manufactured or mobile homes, the auditor shall send this form to the applicant by the first Monday in October. If the application is received after that date, the auditor shall send this form upon denial of the application.