DTE Form 23 Rev. 4/05 RC 5715.27

Application for Real Property Tax Exemption and Remission

County N	Name
----------	------

		OFFICE USE ONLY
		County Application Number
Date Received by County Auditor	Date Received by DTE	DTE Application Number

General Instructions

- Submit three (3) 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 December 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:

Appli	cant Name:								
		name							
Notices concerning this application should be sent to:									
		name (if different from Applicant)							
		address							
	•	city			state	Zip	telephone r	number	
1.	Parcel numbe (If more than 4, continue on an sheet.) All parc must be in the school district	attached cels same	a) b) c) d)						
2.	School district	where lo	cated:						
3.	Total size of p	arcel(s):		less than ONE ac	re	one acr	e or MORE	number of acres:	
4.	Street address location of pro								

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/org (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? If yes, please attach a copy.	yes	no
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 is exemption sought? R.C R.C R.C R.C		
14.	How is this property being used? Do not give conclusions such as charitable purpose, pupurpose. Be specific about what is being done on the property and who uses it. If the projused, but there is an intent to use it later for an exempt purpose, describe the intended us intended use.	perty is not cu	rrently being
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. b) Used for the operation of any business? c) Used for agricultural purposes? d) Used to produce any income other than donations?	yes yes yes yes	no no no no
	NOTE: If the answer to any part of question 15 is "yes," enclose all details on a semoney is received, submit profit and loss statements, income and expense data, be other financial statements.		
16.	Is anyone living or residing on any part of this property? If yes, answer the following: a) the person's name and position:	☐ yes	☐ no
	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? If yes, please enclose a complete, detailed explanation.	yes	no
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 Lett relevant information.	er, and any ot	her similar
20	Proporty used for Senior Citizens' Pasidences		

If the purpose of the property is to provide a place of **residence for senior citizens**, submit all information required by section 5701.13 of the Ohio Revised Code.

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 ten (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 t	itle				
address						
city			state	e Zip		
telephone number				date		
		County Au	ıditor's Finding			
		County Au	iditor's Finding			
	_	•	Land	Building	Total	
Taxable Value in Year of App	olication	(Tax Year)				
Taxable Value in Prior Year		(Tax Year)				
This application covers pro	perty that is (c	heck all that	apply):			
Currently exemp	ot*		Construction on prev	viously 🔲 Cu	rrently on CAUV	
Previously exem	npt	exem	npted parcel	Pr	eviously on CAUV	
Auditor's Recommendation	:	Grant	Partial Grant	Deny	None	
Comments:						
	County Auditor (signature)			date	

Forward two (2) 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.

Tr	easurer's Ce	rtificate	
If the Treasurer's Certificate is not prop no jurisdiction to act on the application	•	•	
(Notice to treasurer: The first	paragraph of this	s certificate must always be	e complete.)
I hereby certify that all TAXES, SPECIAL ASSESSI above described property have been paid in fu for which taxes and special assessments have	ıll to and includin	g the tax year	_
I further certify that the only UNPAID TAXES, SPE charged against this property are as follows:	ECIAL ASSESSMEN	TS, PENALTIES AND INTERES	r which have been
Parcel Number	Tax Year	Taxes (including penalties and interest)	Special Assessments (including penalties and interest)
If additional years ar	re unpaid, pleas	e list on an attached shed	et.
Have Tax Certificates been sold under R.C. 5721 or any of the property subject to this application?			voo
or any or the property subject to this application:			yes no
Are any unpaid taxes listed on this certificate sub	ject to		
a valid delinquent tax contract under R.C. 323.31		yes no	
f yes, list tax years:			
Comments:			
County Treasurer (sign	ature)		Date