DTE FORM 23
(Revised 04/00)
RC 5713.08 & 5713.081

LARRY A. KACZALA
LUCAS COUNTY AUDITOR

APPLICATION FOR REAL PROPERTY TAX EXEMPTION AND REMISSION

LUCAS 48
COUNTY NAME

Date Received by County Auditor	Date Received by DTE	OFFICE USE ONLY County Application Number 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 and the Treasurer's Certificate on page 4 of this application must be completed. Ask your county auditor for the procedure to follow to obtain the Treasurer's Certificate. Obtain a copy of the property record card from the county auditor and enclose it with this application.

☞ 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.

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 than Applicant)

_____
Address

_____
City State Zip Phone Number

1. Parcel Number(s): (If more than 4, 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. Title to this property is in the name of: _____

6. If the title holder is different from the applicant please explain: _____

_____

7. Title holder is (check one): ☐ a nonprofit corporation ☐ an unincorporated association/organization

☐ 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?

O.R.C. _____ O.R.C. _____ O.R.C. _____

14. How is this property now 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? ☐ yes ☐ no

If yes, please attach copy of lease agreement.

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.

COUNTY AUDITOR'S FINDING

	LAND	BUILDING	TOTAL
Taxable Value in Year of Application _____ (Year)	$	$	$
Taxable Value in Prior Year _____ (Year)	$	$	$

This application covers property that is:

☐ Currently or Previously Exempt ☐ New Construction on Previously Exempted Parcel ☐ Currently or Previously 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, Tax Equalization Division, P.O. Box 530, Columbus, OH 43216-0530.

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 returned to the* ***Treasurer's Office****.*

(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 _____.

I further certify that the only **UNPAID TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST** which are a lien and unpaid on this property are as follows:

TAX YEAR	TAXES (Including penalties) and interest)	SPECIAL ASSESSMENTS (Including penalties) and interest)
	$	$
	$	$
	$	$

If additional years are unpaid, please list on an attached sheet.

_____ County Treasurer (Signature)

_____ Date

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**.

If the applicant has not previously received exemption for property used exclusively for a charitable purpose, 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 section 5701.13 of the Ohio Revised Code.

The Tax Equalization Division 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. At least ten day's notice 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

(_____) _____
phone number

Date _____