

Continuing Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

File with the county auditor no later than the first Monday in June.

County _____ Tax year _____ Real property Manufactured or mobile home
Taxing district and parcel or registration number _____
Owner(s) as shown on the tax list _____
Homestead address _____

Instructions to Homestead Recipient

You must report any changes each year that would affect your homestead exemption on this form. Please complete this form and return it to the county auditor by the first Monday in June.

There have been no changes.

Check any of the following changes in your eligibility status that apply:

- The property described above is no longer the owner's principal place of residence.
 There has been a change in the ownership of the property.

New owner(s) _____

- The owner's disability status has changed.
 The owner has died.

Name of decedent _____ Date of death _____

Name of surviving spouse _____ Spouse's age on date of death _____

- The property is in a revocable inter vivos trust and there has been a change thereto or a revocation thereof.
 The owner qualified under R.C. 323.152(A)(2)(c) (Income Verification) and total income has changed.

Total income _____

Owner's Social Security # _____ Spouse's Social Security # _____

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.

Signature of owner _____ Date _____

Mailing address _____

Applicant's daytime phone number _____ Applicant's e-mail address _____

Return to:
David A. Graham, Greene County Auditor
Homestead Office
69 Greene St
Xenia, OH 45385