Anita Lopez, Esq.
Lucas County Auditor

One Government Center, Suite 770
Toledo, Oh 43604-2256
(419)-213-4406 www.co.lucas.oh.us/auditor

DTE 105B
Rev. 10/19

Continuing Application for Homestead Exemption

File with the county auditor no later than December 31 for real property and for manufactured or mobile homes only if changes in your eligibility status have occurred.

To be completed by the county auditor prior to mailing:

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. If any have occurred, complete the form and return it to the county auditor by December 31st for real property and manufactured or mobile homes.

If no changes have occurred, you do not have to return this form.

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 qualifies as a veteran with a service-connected disability with a total disability rating for compensation following a determination of individual unemployability and either the rating or the determination has changed.

☐ The owner qualifies as a veteran with a service-connected disability, and the veteran's service-connected disability or combination of service-connected disabilities rating 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 Ohio Revised Code section 323.152(A)(1)(b)(iii). (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