

CURRENT \_\_\_\_\_  
LATE \_\_\_\_\_

EDWARD H. ZUPANCIC  
LAKE COUNTY AUDITOR

REGISTRATION # \_\_\_\_\_

**2007** **MANUFACTURED HOME HOMESTEAD EXEMPTION APPLICATION**  
***DISABILITY***

For Disabled Persons, to be filed **after first Monday in January and not later than first Monday in June**. Total income of applicant and spouse **cannot exceed \$ 27,000** **Property must be owner occupied** on January 1 of this calendar year. Applicants must have Certificate of Disability completed and included with application.

**IMPORTANT - READ BACK OF THIS FORM BEFORE COMPLETING APPLICATION.**

Name of <b>Applicant</b>		Name of <b>Spouse</b>	
Address of Manufactured Home			
City _____		Phone No. (440) _____	
Age of <b>Applicant</b>	Birth Date	Social Security Number	
Age of <b>Spouse</b>	Birth Date	Social Security Number	
Date Manufactured Home Acquired _____		From Whom _____	
Names of All Owners of Manufactured Home			

**MUST USE \_\_\_\_\_ INCOME. Total Social Security Income. THIS AMOUNT IS FROZEN. Use this amount on all FUTURE continuing form applications. Proof of income MUST accompany this application. (See back of form for details).**

1. \_\_\_\_\_ **Adjusted Gross Income (of Applicant AND Spouse):** From Federal Income Tax Return Form 1040 or Form 1040A, line marked *Adjusted Gross Income*.  

<b>APPLICANT</b>	<b>SPOUSE</b>	
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2. \_\_\_\_\_ **Add** Nontaxable Social Security Retirement and Survivors Benefits. **DO NOT INCLUDE MEDICARE BENEFITS.**
3. \_\_\_\_\_ **Add Nontaxable Retirement, Pension and Annuity Benefits**
4. \_\_\_\_\_ **Add Interest** from Bank Accounts, CD's, IRA's, Stocks, Bonds, etc.  
(If included in line #1, leave blank)
- 5a. \_\_\_\_\_ **Subtract Taxable Disability Payments Included in Line 1.** Disability payments paid by VA, Armed Forces or disability pensions. Do not include Social Security disability or Worker's Compensation.
- 5b. \_\_\_\_\_ **Subtract** All Other Disability Benefits up to maximum of \$5,200.00
6. (A) \_\_\_\_\_ (B) \_\_\_\_\_ **Add** Lines 2, 3 and 4. From this total, **Subtract** disability benefits, Lines **5a** and **5b**.
7. \_\_\_\_\_ **Add** 6A and 6B together. Place total on this line.
8. \_\_\_\_\_ **Add** Line **1** and Line **7** - **THIS IS YOUR TOTAL INCOME**

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW**

I understand that by signing this application, I authorize the county auditor to examine any financial records that relate to my income. I declare under penalty of perjury that I occupy this manufactured home as my principal place of residence and that I have examined this return, and to the best of my knowledge and belief this return is true, correct and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return completed copy to **Auditors Office, Manufactured Home Department, 105 Main Street, Painesville, Ohio 44077**

For further information call:

Western Lake County – 918-2500, Ext. 2526 Madison – 298-3334, Ext. 2526

Painesville – 350-2526

## PLEASE READ THIS BEFORE YOU COMPLETE THE APPLICATION FORM

**QUALIFICATIONS:** To receive the homestead exemption you must (1) be at least 65 years old during the year in which you first file, or be permanently and totally disabled (see definition below), or be a surviving spouse (see below); (2) have total income of not more than \$ 27,000 and (3) own and **occupy** your manufactured home as your principal place of residence as of January 1 of the year you file.

**CURRENT APPLICATION:** If you qualify for the homestead exemption for the first time this year, check the line for **CURRENT** located in the upper left corner of the application.

**LATE APPLICATION:** If you also qualified for the homestead exemption for last year but did not file an application, you may file a **Late Application**. Check the line for **LATE** in the upper left corner. File both applications with the auditor at the same time.

**INSTRUCTIONS:** The line following **Registration #** is for the registration number of your manufactured home. This can be found on your tax bill. In the line following **Names of All Owners of Manufactured Home** list the names of the owners as they appear on your tax bill. If the names are not there, list the names as they appear on the certificate of title. Fill in each line of the application. Failure to include all information requested (including spouse) will delay the processing of the application. If single, indicate N/A (not applicable) for information on spouse. Be sure to **include your phone number** if we need to contact you.

**TOTAL INCOME:** Total income includes the income of the owners of the home, and includes the income of the spouse, even though the spouse may not actually be an owner. If you did not file an income tax return, Adjusted Gross Income under the Internal Revenue Code includes compensation, rents, interest fees and most other types of total income. It does not include worker's compensation and black lung benefits, certain disability benefits, or social security or veterans disability benefits. If you are unsure of what income is included, contact your county auditor.

Certain disability benefits are included in total income and certain disability benefits become retirement benefits at a given age. If you receive disability income and do not know whether it is included in Adjusted Gross Income, contact your county auditor. All retirement benefits are included in total income even though they may not be taxable.

**PROOF OF INCOME:** Proof of income includes a copy of your Federal Income Tax Return. If you did not file a federal income tax return, copies of your W-2 statements for wages, pensions, bank interest, stocks, anything that produces income, are needed. Also, a copy of your Social Security Statements must be included.

**SURVIVING SPOUSE:** A surviving spouse (1) must be the surviving spouse of a person who was receiving the homestead exemption by reason of disability or age in the year of death, and (2) must have been at least 59 years old on the date of the decedent's death.

**PERMANENTLY DISABLED:** "Permanently and totally disabled means a person who has, on the first day of January of the year of application (including late application), for reduction in the assessable value of a manufactured home, some impairment in body or mind that makes one unfit to work at any substantially remunerative employment which he is reasonably able to perform and which will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery from or has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons." (Section 4503.064, Revised Code).

**WHAT YOUR SIGNATURE MEANS:** By signing the front of this form, you authorize the auditor to examine any financial records that relate to your income. You also affirm under penalty of perjury that you did not acquire the home from a relative or in-law, other than your spouse, for the purpose of qualifying for the homestead exemption. A conviction of willfully falsifying information on any application will result in loss of the homestead exemption for three (3) years.