| DTE Form 49 (Revised | 11/97 |
|----------------------|-------|
| RC 4503.0611         |       |

| Application No. |  |  |  |
|-----------------|--|--|--|
|                 |  |  |  |

# DATE RECEIVED

# APPLICATION FOR TAX REFUND OR WAIVER FOR DESTROYED OR DAMAGED MANUFACTURED HOMES

ANSWER ALL QUESTIONS AND TYPE OR PRINT ALL INFORMATION READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

ONCE COMPLETED, MAIL TO: CRAWFORD COUNTY AUDITOR 112 E. MANSFIELD ST. SUITE 105 BUCYRUS OH 44820

|   | BUCYRUS, OH 44820   |     |  |  |
|---|---------------------|-----|--|--|
| 1. OWNER'S NAME   |                     |     |  |  |
| 2. OWNER'S ADDRESS  |                     | -   |  |  |
|   |                     |     |  |  |
|   | CITY/STATE          | ZIP |  |  |
| 3. OWNER'S TELEPHONE NUMBER (   | _)                  |     |  |  |
|   |                     |     |  |  |
| 4. REGISTRATION NUMBER OF DAMAGED H   |                     |     |  |  |
| 5. ADDRESS OF DAMAGED HOME  |                     |     |  |  |
|   |                     |     |  |  |
|   | CITY/STATE          | ZIP |  |  |
| 6. COUNTY WHERE LOCATED   |                     |     |  |  |
| 7. DATE DAMAGE OCCURRED   |                     |     |  |  |
| 8. CAUSE OF DAMAGE  |                     |     |  |  |
| 9. DESCRIPTION OF DAMAGE  |                     | -   |  |  |
|   |                     |     |  |  |
|   |                     |     |  |  |
| 10. ESTIMATED DOLLAR AMOUNT OF DAM  | AGE \$              |     |  |  |
| 11. IF PROPERTY INSURED, AMOUNT OF IN   | SURANCE RECEIVED \$ |     |  |  |
| I declare under penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, it is true, correct and complete. |                     |     |  |  |
| OWNER   | DA                  | TE  |  |  |
|   | Signature           |     |  |  |

## INSTRUCTIONS FOR COMPLETING FORM

#### FILING DEADLINES AND SCHEDULE OF DEDUCTIONS:

An application for refund or waiver of the current year's taxes must be filed no later than the 31st day of January following the year in which the destruction or damage occurred. Any tax refund or waiver approved will affect the tax bills for the year in which the damage or destruction occurred. The amount of the tax refund or waiver equals a percentage of the tax on the reduction in the value of the home caused by the damage or destruction. That percentage is determined by the calendar half in which the damage occurred. The filing deadline and percentage deduction in taxes allowed for each calendar half are shown below.

| CALENDAR HALF   |             | PERCENTAGE |  |
|-----------------|-------------|------------|--|
| IN WHICH HOME   | APPLICATION | DEDUCTION  |  |
| WAS DAMAGED     | DEADLINE    | ALLOWED    |  |
| JANUARY - JUNE  | JANUARY 31  | 100%       |  |
| JULY - DECEMBER | JANUARY 31  | 50%        |  |

## LINE INSTRUCTIONS:

#### LINES 1,

2 and 3: Enter owner's full name, mailing address, and daytime phone number.

LINE 4: Enter registration number(s) of damaged home. This number is shown on your tax bill.

LINE 5: Enter the full address of the damaged home.

LINE 6: Enter name of county where damaged home is or was located.

LINE 7: Enter date the damage or destruction occurred.

LINE 8: Explain cause of damage: fire, flood, intentional demolition, etc.

LINE 9: Describe the damage to the home, attach additional pages if necessary.

LINE 10: Enter your best estimate of the reduction in the home's value caused by the damage.

LINE 11: If home is insured, show the amount the insurance company paid or will pay, if available.

ANY PHOTOS AND DOCUMENTATION TO SUPPORT THE CLAIM FOR DAMAGES SHOULD BE SUBMITTED WITH THIS APPLICATION.

OWNER'S SIGNATURE: Sign and date the application at the bottom.