

Certificate of Disability for the Homestead Exemption

Attach this form to the homestead exemption application (form DTE 105A)
if the applicant is requesting the homestead exemption based on disability status.

Ohio Revised Code section 323.151: " 'Permanently and totally disabled' means a person who has, on the first day of January of the year of application for reduction in real estate taxes, some impairment in body or mind that makes the person unable to work at any substantially remunerative employment that the person is reasonably able to perform and that will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery therefrom or has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons."

To be completed by the applicant

Applicant's name _____

Home address _____

To be completed by the physician, psychologist or state or federal agency representative.

In accordance with the above, I (we) hereby certify that _____ was, as of Jan. 1, _____,
Name of applicant

and is now permanently and totally disabled according to the above definition by virtue of physical disability or
 mental disability.

License number and state issuing (Note: If reason for reduction is
mental disability, the physician or psychologist must hold an Ohio license.)

Physician (signature)

Print name of person signing form

Psychologist (signature)

Address (please print)

Agency (please print)

City

State

ZIP code

If agency, signature and title of person completing the form Date

In lieu of having a physician or psychologist sign this form, the applicant may submit a statement from an eligible state or federal agency that the applicant is permanently and totally disabled as defined above. See the back page of this form for more information on what constitutes acceptable proof of permanent disability.