Certified Statement to the Marion County Auditor

This form is to be used when notifying the Marion County Auditor's Office when a taxpayer is no longer eligible to receive a homestead deduction.

DATE:_____ PARCEL #:_____ PHONE:_____

OWNER NAME(S):_____

REASON:_____

_____

OTHER DEDUCTIONS FOR REMOVAL: (Please check all that apply)

_____Mortgage _____Blind/Disabled _____Over 65 _____Veteran's

DATE OF INELIGIBLITY[1] _____

LIST ADDRESSES OF ALL PROPERTIES OWNED (including other counties and states)[2]

My current primary address: street _____

city & state_____

All Others:

_____ _____ _____

_____ _____ _____

I hereby certify that my property is no longer eligible to receive the above mentioned deductions. I understand that I am only entitled to receive the homestead on my primary residence and that I must apply for it.[3] I am aware that the property taxes will increase after the removal of deductions.

_____ _____

SIGNATURE OF PROPERTY OWNER/OWNERS SIGNATURE OF PROPERTY OWNER/OWNERS

If you have questions, please call (317) 327-4646.
Mailing address: Marion County Auditor, 200 E. Washington Street, Suite 801, Indianapolis, IN 46204

[1]The date should be when the property no longer became your primary residence.

[2]If you require more space, please attach to this form.

[3]This form does not serve as a homestead application. If you would like a homestead on your primary residence, you must apply. Applications are not retroactive and can only be approved going forward.