



APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF REHABILITATED STRUCTURES OVER 50 YEARS OLD

State Form 49567 (R5 / 1-13)

Prescribed by the Department of Local Government Finance

| |
|------------------|
| 20__ PAY 20__ |
| FORM 322A |

INSTRUCTIONS: Application must be filed with the county auditor in person or by mail in the year in which the addition to the assessed value is made. If notice of the addition to assessed value is not given to the property owner before December 1 of that year, this form may be filed not later than thirty (30) days after the date of the mailing of the notice.

This deduction is for buildings or structures (does not include land) that were erected at least fifty (50) years prior to this application.

| | | | | | |
|--|--|---|--|---|--|
| County | | Township | | DLGF taxing district number | |
| The undersigned owner hereby applies to the County Auditor, pursuant to IC 6-1.1-12-22 through IC 6-1.1-12-24, for a deduction from the increase in assessed valuation resulting from rehabilitation of the following described property: | | | | | |
| Name of owner | | | Address of property (number and street, city, state, and ZIP code) | | |
| Year building or structure originally erected | | Date of rehabilitation (month, day, year) | | Cost of rehabilitation | |
| Type of dwelling: <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Other _____ | | | Kind of rehabilitation: <input type="checkbox"/> Significant Repairs <input type="checkbox"/> Replacements <input type="checkbox"/> Improvements | | |
| LEGAL DESCRIPTION AS FOUND ON TAX DUPLICATE | | | | | |
| Section | | Township | | Range | |
| Addition | | Lot number | | Block number | |
| Key or parcel number | | ASSESSED VALUE AFTER REHABILITATION (IMPROVEMENTS ONLY) | | ASSESSED VALUE PRIOR TO REHABILITATION (IMPROVEMENTS ONLY) | |
| | | DIFFERENCE IN ASSESSED VALUE (IMPROVEMENTS ONLY) | | INCREASE IN A/V DUE TO REHABILITATION * (DEDUCTION CLAIMED) | |
| | | | | | |
| * The assessed value (A/V) eligible for the deduction is the increase in A/V resulting from the rehabilitation and does not include the increase in A/V which resulted from the reassessment of the entire property. | | | | | |
| CERTIFICATION | | | | | |
| I hereby certify that the representations on this application are true. | | | | | |
| Signature of owner | | Name of owner (print or type) | | Date (month, day, year) | |
| Address (number and street, city, state, and ZIP code) | | | | | |
| VERIFICATION BY ASSESSING OFFICIAL | | | REDUCTION CALCULATION BY AUDITOR | | |
| 1. Type of structure | | | 1. Amount of INCREASE attributed to rehabilitation (Same as #8 on left) * | | |
| 2. Date erected (month, day, year) | | | 2. 50% of #1 above | | |
| 3. Date rehabilitated (month, day, year) | | | 3. Maximum annual deduction (For single family dwellings - \$124,800; for other structures - \$300,000.) | | |
| 4. Date reassessed (month, day, year) | | | | | |
| 5. Date taxpayer notified of increase in assessed valuation (month, day, year) | | | 4. Annual deduction (Lesser of #2 or #3) | | |
| 6. Assessed valuation of improvements AFTER rehabilitation | | | 5. Date deduction approved (month, day, year) | | |
| 7. Assessed valuation of improvements PRIOR TO rehabilitation | | | 6. First year of deduction (Year in which taxes on rehabilitated portion of property became payable.) | | |
| 8. Amount of INCREASE attributed to rehabilitation * | | | | | |
| 9. Date verified (month, day, year) | | | 7. Fifth year of deduction | | |
| NOTE: Owner must have paid at least \$10,000 for the rehabilitation. A general reassessment or a cyclical reassessment which occurs within the five (5) year period of the deduction does not affect the amount of the deduction. (IC 6-1.1-12-22 and IC 6-1.1-12-23) | | | | | |
| Signature of assessing official | | | Signature of county auditor | | |