

**Homestead Standard Deduction Audit Questionnaire**

Issued under the authority of Indiana Code 6-1.1-12-37

**INSTRUCTIONS:** Information requested relates to the property listed in Part 1. Return the completed form and necessary documentation to: **Allen County Auditor's Office, 1 E Main St, Ste 102, Fort Wayne, IN 46802 Phone (260)449-7241****PART 1: PROPERTY INFORMATION**

Street Address:

County: **ALLEN**

City, State, ZIP Code:

Parcel ID:

**PART 2: OWNERSHIP TYPE:** Note below the type of ownership for the property designated in Part 1 above.  
**Choose those that apply below (individual, company, trust and/or other)** **INDIVIDUAL** If there are additional owners of this property, please provide requested information on page two of this form.

Owner First Name	Owner Last Name	Last 5 digits of Social Security Number	Telephone Number
		Last 5 digits of Driver's License Number	Driver's License Issuing State
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From: _____ To: _____
Do you own other property in Indiana or another state that currently receives a principal residence deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the address of the property receiving a principal residence deduction.	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
2 <sup>nd</sup> Owner Name (first and last)	Relationship to above owner	Last 5 digits of Social Security Number	Telephone Number
		Last 5 digits of Driver's License Number	Driver's License Issuing State
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From: _____ To: _____
Do you own other property in Indiana or another state that currently receives a principal residence deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the address of the property receiving a principal residence deduction.	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
<input type="checkbox"/> <b>COMPANY</b>	Company's Legal Name		Date Purchased By Company (mm/dd/yy)
<input type="checkbox"/> <b>TRUST**</b>	Name of Trust or Life Estate		Date Transferred Into Trust (mm/dd/yy)

**\*\*Each grantor (creator) of a trust must complete the Individual section. If the grantor(s) of the trust is deceased, the trustee or all of the beneficiaries must complete Individual section and provide a copy of the grantor's death certificate. Indicate by each name whether he/she is a grantor or beneficiary.** **Other** Explain (example - land contract holder, life lease, renter, non-owner occupant). If you do not own but are residing in the property, please complete the occupant section on the reverse side of this document.**If you no longer own this property, provide the following information and complete Part 2 above and Part 3 below:**

Name of Purchaser	Telephone Number (if known)	Date of Sale (mm/dd/yy)	Sale Price
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**PART 3: ALTERNATIVE USE OF THE PROPERTY**

Indicate the portion of the property rented or used for business purposes. _____ % Rental _____ % Business	Is the property located next to (contiguous or adjacent) the owner's principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the property is next to (contiguous or adjacent) the owner's principal residence, is the property vacant (no structures)? <input type="checkbox"/> Yes <input type="checkbox"/> No
For contiguous or adjacent properties with structures, describe the type of structures(s) (e.g., garage, shed, cabin, house, mobile home) and the use of the property.	Are you currently residing in a nursing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, provide the dates you have not occupied your home. From: _____ To: _____	Are you a member of the armed forces away from your residence as a result of military service? If so, please provide a copy of your military orders. <input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Owners** – Complete this section for any additional owners. If additional space is required, please use the additional information space below or attach an additional sheet.

Additional Owner First Name	Additional Owner Last Name	Driver's License No. & Issuing State	Telephone Number
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From:                      To:
Do you own other property in Indiana or another state that currently receives a deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the address of the property receiving a deduction.	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).
Additional Owner First Name	Additional Owner Last Name	Driver's License No. & Issuing State	Telephone Number
Do you currently live at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide current address.	Have you ever lived at the property listed in Part 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From:                      To:
Do you own other property in Indiana or another state that currently receives a deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the address of the property receiving a deduction.	Spouse's Full Name (first and last)	Date owner purchased the property listed in Part 1 (mm/dd/yy).

**Occupant Information** - Complete this section only if you are an occupant and not an owner. If additional space is required, please use the additional information space below or attach an additional sheet.

Occupant First Name	Occupant Last Name	Driver's License No. & Issuing State	Telephone Number
Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From:                      To:	Spouse's Full Name (first and last)	Do you own property in Indiana or another state that currently receives a deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the address of the property receiving a deduction.
2 <sup>nd</sup> Occupant First Name	2 <sup>nd</sup> Occupant Last Name	Driver's License No. & Issuing State	Telephone Number
Provide dates you occupied the property listed in Part 1 (mm/dd/yy). From:                      To:	Spouse's Full Name (first and last)	Do you own property in Indiana or another state that currently receives a deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the address of the property receiving a deduction?.

**Additional Information** – Complete this section if you have additional supporting information to supply.


Under penalties prescribed by law, signing this form is an affirmation that the information is accurate and true to the best of your knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_