NOTICE OF CHANGE OF USE OF PROPERTY RECEIVING THE HOMESTEAD STANDARD DEDUCTION

State Form 54890 (R2 / 7-25)
Prescribed by the Department of Local Government Finance

FORM HC10/CU
ASSESSMENT DATE
January __, 20 ___

INSTRUCTIONS:

1. *Please type or print*
2. *This form must be filed with the County Auditor within sixty (60) days after the date that the property no longer qualifies for the Homestead Standard Deduction. See IC 6-1.1-12-37(g).*
3. *A change in use of or title to a property may disqualify it for a homestead deduction or require the deduction to be re-filed.*

NOTE: Telephone, Social Security, driver's license, state identification and federal identification numbers are confidential under IC 6-1.1-12-37.

TAXPAYER INFORMATION

Name of Taxpayer *(legal name)*	Telephone Number of Claimant ( )	Email Address
Social Security Number of Taxpayer *(last five digits)*	Driver's License / Identification / Other Number of Claimant *(last five digits)* *(Applicable only if applicant does not have a social security number)*	Issuing State
Name of Taxpayer's Spouse *(legal name)*		
Social Security Number of Taxpayer's Spouse *(last five digits)*	Driver's License / Identification / Other Number of Taxpayer's Spouse *(last five digits)* *(Applicable only if applicant's spouse does not have a social security number)*	Issuing State

CONTRACT RECORDED

If Buying on Contract, Fee Simple Owner's Name		
Recorder's Office Where Contract is Recorded	Record Number	Page

PROPERTY DESCRIPTION

County	Township	Taxing District *(city, town, township)*
Parcel Number	Legal Description	Is the property in question: ☐ Real Property ☐ Annually Assessed Mobile Home (IC 6-1.1-7)
Address (*number and street, city, state, and ZIP code)*		Portion of Property No Longer Eligible: ☐ All ☐ Part

Description of the change in use or the reason that the property no longer qualifies for the deduction

CERTIFICATION STATEMENT

I hereby certify the above statements are true, correct, and complete.

Signature of Taxpayer or Authorized Representative	Printed Name of Taxpayer or Authorized Representative	Date Signed (*month, day, year*)

DISTRIBUTION: Filed Stamped Copy - Taxpayer; Original - County Auditor