



# APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS (ERA)

State Form 18379 (R12 / 1-14)

Prescribed by the Department of Local Government Finance

20 \_\_\_\_ PAY 20 \_\_\_\_

FORM 322 / RE

### INSTRUCTIONS:

- This form is to be filed in person or by mail with the County Auditor of the county in which the property is located.
- To obtain this deduction, a Form 322 / RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation (or new assessment) is made, or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of assessment, he can apply between March 1 and May 10 of a subsequent year for the remainder of the abatement term. (See also IC 6-1.1-12.1-11.3 concerning the failure to file a timely application.)
- A copy of the Form 11, the approved Form SB-1 / Real Property, the resolution adopted by the designating body, and the Form CF-1 / Real Property must be attached to this application.
- The Form CF-1 / Real Property must be updated annually and provided to the County Auditor and the designating body for each assessment year in which the deduction is applicable.
- Please see IC 6-1.1-12.1 for further instructions.
- Taxpayer completes Sections I, II and III below.
- If property located in an economic revitalization area is also located in an allocation area as defined in IC 36-7-14-39 or IC 36-7-15.1-26, an application for the property tax deduction may not be approved unless the Commission that designated the allocation area adopts a resolution approving the application (IC 6-1.1-12.1-2(k)).
- Except for deductions related to redevelopment or rehabilitation of real property in a county containing a consolidated city, a deduction for the redevelopment or rehabilitation of real property may not be approved for the following facilities (IC 6-1.1-12.1-3):
  - Private or commercial golf course
  - Country club
  - Massage parlor
  - Tennis club
  - Skating facility, including roller skating, skateboarding or ice skating
  - Racquet sport facility (including handball or racquet ball court)
  - Hot tub facility
  - Suntan facility
  - Racetrack
  - Any facility, the primary purpose of which is (a) Retail food and beverage service; (b) Automobile sales or service; or (c) other retail; (unless the facility is located in an economic development-target area established under IC 6-1.1-12.1-7).
  - Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals or unless the facility is located in an economic development target area established under IC 6-1.1-12.1-7, or the area is designated as a residentially distressed area which is required to meet conditions as cited in IC 6-1.1-12.1-2 (c) (1 & 2).
  - Package liquor store [see IC 6-1.1-12.1 - 3(e)(12)]

### SECTION I - DESCRIPTION OF PROPERTY

The owner hereby applies to the County Auditor for a deduction pursuant to IC 6-1.1-12.1-5 beginning with the assessment date March 1, 20 \_\_\_\_.

County	Township	DLGF taxing district number	Key number
Name of owner		Legal description from Form 11	
Property address (number and street, city, state, and ZIP code)			Date of Form 11 (month, day, year)
Type of structure			Use of structure
Governing body that approved ERA designation		Date ERA designation approved (month, day, year)	Resolution number

### SECTION II - VERIFICATION OF OWNER OR REPRESENTATIVE

Signature of owner or representative (I hereby certify that the representations on this application are true.)		Date signed (month, day, year)
Printed name of owner or representative	Address (number and street, city, state, and ZIP code)	

### SECTION III - STRUCTURES

### AUDITOR'S USE

A. Rehabilitation structure	1. Assessed valuation AFTER rehabilitation	\$	
	2. Assessed valuation BEFORE rehabilitation	\$	
	3. Difference in assessed valuation (Line 1 minus Line 2)	\$	
	4. Assessed valuation eligible for deduction (for the increase in A/V from the rehabilitation, not including the increase in A/V from the reassessment of the entire structure)	\$	
B. New structure	1. Assessed valuation	\$	
	2. Assessed valuation eligible for deduction	\$	

### SECTION IV - VERIFICATION OF ASSESSING OFFICIAL

I verify that the above described structure was assessed and the owner was notified on \_\_\_\_\_ with the effective date of the assessment being March 1, 20 \_\_\_\_ and that the assessed valuations in Section III are correct.

Signature of Assessing Official	Printed name of assessing official	Date (month, day, year)
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**SECTION V - FOR AREAS, EXCEPT FOR A RESIDENTIALLY DISTRESSED AREA, WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 - DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17**

YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION **	YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION **
<p>(1) For deductions allowed over a 1 year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p>	<p>(8) For deductions allowed over a eight (8) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 88% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 75% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 63% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 38% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 25% * ___% \$_____</p> <p>8 20__ pay 20__ \$_____ 13% * ___% \$_____</p>
<p>(2) For deductions allowed over a two (2) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 50% * ___% \$_____</p>	<p>(9) For deductions allowed over a nine (9) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 88% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 77% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 66% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 55% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 44% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 33% * ___% \$_____</p> <p>8 20__ pay 20__ \$_____ 22% * ___% \$_____</p> <p>9 20__ pay 20__ \$_____ 11% * ___% \$_____</p>
<p>(3) For deductions allowed over a three (3) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 66% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 33% * ___% \$_____</p>	<p>(10) For deductions allowed over a ten (10) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 95% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 80% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 65% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 40% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 30% * ___% \$_____</p> <p>8 20__ pay 20__ \$_____ 20% * ___% \$_____</p> <p>9 20__ pay 20__ \$_____ 10% * ___% \$_____</p> <p>10 20__ pay 20__ \$_____ 5% * ___% \$_____</p>
<p>(4) For deductions allowed over a four (4) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 75% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 25% * ___% \$_____</p>	<p>* The deduction percentages shown in this section apply to a statement of benefits approved before July 1, 2013, that did not have an alternative deduction schedule adopted by the designating body. All other abatements shall use the percentages reflected in the abatement schedule adopted by the designating body per IC 6-1.1-12.1-17.</p> <p>** The amount of the deduction shall be adjusted annually to reflect changes to the assessed valuation resulting from a reassessment or an appeal of the assessment per IC 6-1.1-12.1-4 (b).</p>
<p>(5) For deductions allowed over a five (5) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 80% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 60% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 40% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 20% * ___% \$_____</p>	
<p>(6) For deductions allowed over a six (6) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 85% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 66% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 34% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 17% * ___% \$_____</p>	
<p>(7) For deductions allowed over a seven (7) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 85% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 71% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 57% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 43% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 29% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 14% * ___% \$_____</p>	

**SECTION VI - FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17**

TYPE OF DWELLING	DEDUCTION IS THE LESSER OF: [IC 6-1.1-12.1-4.1(b)]	DEDUCTION IS ALLOWED FOR A FIVE (5) YEAR PERIOD WHICH INCLUDES YEARS:
<input type="checkbox"/> One (1) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$74,880 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Two (2) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$106,080 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Three (3) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$156,000 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Four (4) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$199,680 AV	_____ pay _____ through _____ pay _____

Assessed value limits for taxes due and payable prior to January 1, 2005 were \$36,000, \$51,000, \$75,000, and \$96,000 for one to four family dwellings respectively.

**SECTION VII - APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)**

This application is approved in the amounts shown above.

Signature of County Auditor	Printed name of County Auditor	Date signed (month, day, year)
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