



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

State Form 54890 (R / 1-16)

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. IC 6-1.1-12-37(f)
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.

NOTICE: An individual who fails to file this form in a timely manner is liable for any additional taxes that would have been due on the property plus a civil penalty of 10% of the additional taxes due. IC 6-1.1-12-37(f)

TAXPAYER INFORMATION		
Name of taxpayer (legal name)		Telephone number ()
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)		Telephone number ()
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: <input type="checkbox"/> Real property <input type="checkbox"/> Annually assessed mobile home (IC 6-1.1-7)
Address (number and street, city, state, and ZIP code)		Portion of property no longer eligible: <input type="checkbox"/> All <input type="checkbox"/> Part

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

CERTIFICATION STATEMENT		
I hereby certify that the information contained in this notice is 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