



**STATEMENT FOR DEDUCTION OF ASSESSED VALUATION**  
**(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)**

FORM SES / WPD

State Form 18865 (R11 / 10-15)

Prescribed by the Department of Local Government Finance

**INSTRUCTIONS:** To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)

- FILING DATES:**
- (1) **Real Property:** Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed or postmarked on or before January 5 of the following calendar year.
  - (2) **Mobile/Manufactured Home assessed under IC 6-1.1-7:** Must be completed, dated, and filed during the twelve (12) months before March 31 of the year the deduction is to be effective.
  - (3) **State Distributable Property under IC 6-1.1-8 (solar powered device only):** Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.
  - (4) **Personal Property under IC 6-1.1-3 (solar powered device only):** Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either his personal property tax return or his amended personal property tax return for each year the deduction is desired.  
 (IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

**CERTIFICATION STATEMENT**

I (We), \_\_\_\_\_ certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a:

- Solar Energy Heating or Cooling System     Wind Power Device     Geothermal Device     Hydroelectric Device
- Solar Power Device\*:  Real     Mobile/Manufactured Home     State Distributable     Personal Property

\*Applies to a solar power device installed after December 31, 2011.

deduction from assessed valuation is hereby claimed in \_\_\_\_\_ county.

Date system/device was installed (month, day, year)

Total deduction claimed  
\$

**PROPERTY DESCRIPTION**

Taxing District (city, town, township)	Township	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel number
Address of owner (number and street, city, state, and ZIP code)		
I (We) hereby certify that the above statement is true, correct, and complete.	Signature	Date (month, day, year)

**FOR AUDITOR'S USE ONLY**

Assessment Date First Effective  
20 \_\_\_\_ Payable 20 \_\_\_\_

1	Total assessed value of real property or mobile/manufactured home including qualifying device/system.	\$
2(a)	For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.	
2(b)	For solar energy system only: Out-of-pocket expenditures for components and installation labor.	
2(c)	For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.	
2(d)	For state distributable solar power device deduction: Enter assessed value of qualifying equipment.	
3	Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).	

**VERIFICATION BY ASSESSING OFFICIAL**

Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended deduction	Comments, if any
Signature of assessing official	Printed name of assessing official	Date signed (month, day, year)

**FINAL DETERMINATION OF COUNTY AUDITOR**

Deduction determined by County Auditor for assessment date of _____, 20 ____ payable in 20 ____.	Approved deduction \$
Signature of county auditor	Printed name of county auditor
Date signed (month, day, year)	
Description or reasons for change:	

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor  
 Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor



# APPLICATION FOR BLIND OR DISABLED PERSON'S DEDUCTION FROM ASSESSED VALUATION

State Form 43710 (R11 / 11-15)

Prescribed by the Department of Local Government Finance

COUNTY	TOWNSHIP	YEAR

File Mark

Information contained in this document is CONFIDENTIAL pursuant to IC 6-1.1-35-9.

### INSTRUCTIONS:

To be filed in person or by mail with the County Auditor of the county where the property is located.

Filing Dates: 1) Real Property: Form must be completed and signed by December 31 and filed or postmarked by the following January 5.

2) Mobile Homes assessed under IC 6-1.1-7 or Manufactured Homes not assessed as Real Property: During the twelve (12) months before March 31 of each year the individual wishes to obtain the deduction.

See reverse side for additional instructions and qualifications.

Name of applicant (owner or contract buyer)			
Is applicant the sole legal or equitable owner?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is his/her exact share of interest?	If owned with someone other than spouse, indicate with whom:	
If name on record is different than that of applicant, indicate below:			
Name of contract seller			
Address of contract seller (number and street, city, state, and ZIP code)		Is the property in question: <input type="checkbox"/> Real Property <input type="checkbox"/> Annually Assessed Mobile Home (IC 6-1.1-7)	
Is applicant blind as defined in IC 12-7-2-21(1)?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Is applicant disabled and unable to engage in any substantial gainful activity as defined in IC 6-1.1-12-11(d)?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the property used and occupied primarily for his/her residence?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant's taxable gross income for the preceding calendar year exceed \$17,000?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxing district	Key number / Legal description	Record number (contract)	Page number (contract)
I/We certify under penalty of perjury that the above and foregoing information is true and correct.			
Signature of applicant		Address of applicant (number and street, city, state, and ZIP code)	
Signature of authorized representative		Address of authorized representative (number and street, city, state, and ZIP code)	

RECEIPT FOR APPLICATION FOR DEDUCTION FOR BLIND / DISABLED PERSONS	
Name of applicant	Date filed (month, day, year)
Name of contract seller	
Taxing district	
Key number / legal description	
Signature of County Auditor	Date signed (month, day, year)

## INSTRUCTIONS AND QUALIFICATIONS

- *Applicants must be residents of the State of Indiana.*
- *Applications must be filed during the periods specified. Once the application is in effect, no other filing is necessary unless there is a change in the status of the property of applicant that would affect the deduction.*
- *This application may be filed in person or by mail. If mailed, the mailing must be postmarked before the last day of filing.*
- *Any person who willfully makes a false statement of the facts in applying for this deduction is guilty of the crime of perjury and on the conviction thereof will be punished in the manner provided by law.*
- *Maximum deduction is \$12,480.*
- *The applicant's taxable gross income in the preceding calendar year cannot have exceeded \$17,000.*
- *If filing for a blind deduction, the applicant shall provide the Auditor of the County where the property is located with proof of blindness supported by the records of the Division of Family Resources or the Division of Disability and Rehabilitative Services, or a written statement of a licensed optometrist or a physician who is licensed by this State and skilled in the diseases of the eye.*
- *If filing for a disabled persons deduction, the applicant shall provide the Auditor of the County where the property is located with a Federal Social Security Statement of Disability. If applicant is not eligible to receive disability benefits under the Federal Social Security Act, a letter shall be submitted to the Auditor containing a statement from a physician licensed to practice in Indiana that the claimant is unable to engage in any substantial gainful activity by reason of physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve months. The applicant must be examined by the physician and his or her disability status determined by using the same standards as used by the Social Security Administration.*