

Sangamon County Board of Review

Supervisor of Assessments

200 South Ninth Street, Room 210 Springfield, IL 62701 Telephone 217-753-6805 Fax 217-535-3143 www.co.sangamon.il.us

Application for General Homestead Exemption 35 ILCS 200/15-175

I hereby certify that: (Circle YES or NO)

YES / NO I own and occupy the property id	dentified below as my principal residence.
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- YES / NO I have a leasehold interest in the property. (If you answer YES to this question, STOP. This is not the correct form. Call 753-6805 for assistance.)
- YES / NO I am responsible for the payment of real estate taxes on this property.
- YES / NO I also affirm that the structure in which I reside is NOT a mobile home on which I pay mobile home tax.

Parcel Numbe	r of Property:	
Township:		
Address of Pro	operty	
(City, State	e, ZIP)	
The date I first	t occupied this re	idence was:
I hereby affirr	n that I do not re	eive any owner occupied exemption on any other property in Illinois or any other
state. If I do, t	the parcel numbe	/ address of the property is:
		(State / County):
YES / NO		and live separately from your spouse? e list your spouse's name and address.
	Name:	
	Address:	(City / State)
This exemption	n may be effectiv	on the first day of occupancy. Application is required with new ownership.

 Signed:

 Daytime Telephone

Persons of age 65 or over may be eligible for additional exemptions on homestead property. Please contact the Sangamon County Board of Review if you need information about these exemptions.