WINNEBAGO COUNTY SUPERVISOR OF
ASSESSMENTS COUNTY ADMINISTRATION BUILDING
404 ELM STREET - ROOM 301
ROCKFORD IL 61101
(815) 319-4460

OFFICE USE ONLY	
Assessment Year	
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	SALE DATE
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Received By	

APPLICATION FOR SENIOR CITIZENS HOMESTEAD EXEMPTION

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE OR STATE ID

P.I.N.: _____ - _____ - _____

OWNER/TAXPAYER _____ DATE OF BIRTH

SPOUSES'S NAME _____ DATE OF BIRTH

ADDRESS/CITY/ZIP _____

_____ HOME PHONE NUMBER

_____ MOBILE PHONE NUMBER

EMAIL ADDRESS _____

DATE OF OWNERSHIP/USE

PREVIOUS ADDRESS _____

IS THIS NEW CONSTRUCTION? ☐ **YES** ☐ **NO**

IF YES, DATE OF OCCUPANCY

THE UNDERSIGNED STATES THAT HE (SHE) IS 65 YEARS OF AGE OR OLDER, AND THE ABOVE DESCRIBED REAL PROPERTY IS OCCUPIED AS THE PRINCIPAL RESIDENCE OF THE UNDERSIGNED.

THE UNDERSIGNED ALSO STATES THAT HE (SHE) IS LIABLE FOR PAYING REAL ESTATE TAXES ON THE ABOVE DESCRIBED REAL PROPERTY AND IS AN OWNER OF RECORD OF SAID REAL PROPERTY OR HAS A LEGAL OR EQUITABLE INTEREST IN SAID REAL PROPERTY AS EVIDENCED BY A WRITTEN INSTRUMENT. IF INTEREST IS THROUGH LAND TRUST, LIFE ESTATE, LIFE INTEREST OR LAND CONTRACT (AGREEMENT FOR DEED), PROVIDE PROOF.

THE UNDERSIGNED ALSO STATES THAT NO OTHER APPLICATION FOR HOMESTEAD EXEMPTION HAS BEEN OR WILL BE FILED BY HIM (HER) ON ANY OTHER REAL PROPERTY IN ILLINOIS OR ANOTHER STATE WITHOUT NOTIFICATION TO WINNEBAGO COUNTY FOR THE REMOVAL OF THIS EXEMPTION.

DATE: OWNER'S SIGNATURE(S) **X** _____

X _____

IMPORTANT: TO ENSURE EXEMPTION PROCESSING,
PLEASE FILL OUT THE TOP PORTION **COMPLETELY.**

NOTE: THIS APPLICATION ALSO ENSURES THE RECEIPT OF THE OWNER OCCUPIED EXEMPTION.

A HOMESTEAD EXEMPTION IN THE AMOUNT OF $5,000 MAXIMUM DEDUCTION FROM THE VALUATION, AS EQUALIZED BY THE DEPARTMENT OF REVENUE OF THE REAL PROPERTY HEREINAFTER DESCRIBED IS REQUESTED ON THE GROUNDS THAT THE REQUIREMENTS OF 35 ILCS 200/15-170 RELATIVE TO THE SENIOR CITIZEN HOMESTEAD EXEMPTION HAVE BEEN MET AS HEREINAFTER MORE PARTICULARLY SET FORTH.

OFFICE USE ONLY:

NOTES: _____

HISTORY:		MM	DD	YYYY
APPLICANT	DOD	_____	_____	_____
SPOUSE	DOD	_____	_____	_____