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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Received By	

APPLICATION FOR SENIOR CITIZENS HOMESTEAD EXEMPTION

P.I.N. ____ - ____ - ____ **TOWNSHIP** ____

OWNER/TAXPAYER ____ DATE OF BIRTH ____

SPOUSES'S NAME ____ DATE OF BIRTH ____

ADDRESS/CITY/ZIP ____

MAILING ADDRESS/CITY/ZIP
(IF DIFFERENT THAN ABOVE) ____

____ 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.**

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

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.

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

Entered by: ____