

SENIOR CITIZEN'S HOMESTEAD EXEMPTION APPLICATION
YEAR

P.I.N. Number

Date Of Birth:

Name:

Address:

Phone Number:

Yes No

1. Did you own this property as of January 1st of this year (or did you have a legal or equitable interest in this property)?

2. Was this your primary residence as of January 1st of this year?*

If not, date moved in:

*Even If you did not reside at this property January 1st of this year, the law provides your exemption may continue if you were a resident of a nursing home and your residence remained vacant or occupied by your spouse who is 65 years old or older this year.

I hereby certify this to be a true and correct reporting of the facts concerning this property.

Signature:

Date

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS:

David A. Henderson
Supervisor of Assessments
111 E. Washington St.
Morris, IL 60450

Telephone Number: (815) 941-3269