

SENIOR CITIZEN'S HOMESTEAD EXEMPTION APPLICATION

YEAR _____

DATE OF BIRTH: _____
Mo. Day Year

PHONE: _____

(P.I.N. No., Name, and Address)

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:

Thomas L Hougas
Supervisor of Assessments
111 E. Washington St.
Morris, IL 60450

Telephone Number: (815) 941-3269