

Assessment Year	_____
BOR Docket No.	_____
Certificate of Error	_____
Received By	_____

**APPLICATION FOR SENIOR CITIZEN'S HOMESTEAD EXEMPTION**

Application is hereby made for a Senior Citizen's Homestead Exemption to reduce the assessed value of the real property hereinafter described, on the grounds that the requirements of Chapter 35 ILCS 200/15-170 have been met as hereinafter more particularly set out.

PERMANENT INDEX NUMBER \_\_\_\_\_

OWNER/TAXPAYER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Attach copy of proof of age such as birth certificate, driver's license, state id, or passport.*

OWNER/TAXPAYER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Apply even if you are not 65 *Attach copy of proof of age such as birth certificate, driver's license, state id, or passport.*

Is the property owned in Trust?  YES  NO If yes, a copy of the trust indicating beneficiary and signatures is required.

RESIDENCE ADDRESS \_\_\_\_\_  
Street City State Zip

SEND NOTICE TO  
(If different than above) \_\_\_\_\_  
Street City State Zip

TELEPHONE NUMBER ( ) \_\_\_\_\_

LEGAL OWNER OF RECORD OF PROPERTY (Assessed To) \_\_\_\_\_

IS THE APPLICANT THE OWNER OF RECORD OF THE ABOVE DESCRIBED PROPERTY?  YES  NO

IF YES, TITLE TO THE PROPERTY WAS ACQUIRED IN THE FOLLOWING MANNER:

- DEED: RECORDED DOCUMENT NO: \_\_\_\_\_
- INHERITANCE (Attach copy of Will)  COURT ORDER (Attach Copy)

IF NO, DOES APPLICANT HAVE:

- BENEFICIAL INTEREST IN TRUST (Attach copy of TRUST AGREEMENT or letter from bank or attorney)
- LIFE ESTATE INTEREST (Attach copy of DOCUMENT)
- LEASEHOLD INTEREST (Attach copy of LEASE)
- CONTRACT FOR SALE (Attach copy of CONTRACT)

APPLICANT HAS OCCUPIED THIS PROPERTY AS HIS/HER PRIMARY RESIDENCE SINCE: \_\_\_\_\_ DATE

Owner/taxpayer states that no other application for Senior Citizen's Homestead Exemption has been or will be filed by him/her on any other real property in or outside the State of Illinois where such application also requires primary residency.

The Owner/taxpayer understands that a Senior Citizen's Homestead Exemption will continue provided all requirements continue to be met.

OWNER/TAXPAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER/TAXPAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# MCHENRY COUNTY BOARD OF REVIEW



**HEARING LOCATION: NORTH OF COURTHOUSE COMPLEX  
AT THE COUNTY ADMINISTRATION BUILDING  
667 WARE RD – SUITE 106  
WOODSTOCK, IL 60098**

Mailing Address: 2200 N SEMINARY AVE, WOODSTOCK IL 60098

**PHONE 815-334-4290 FAX 815-338-8522**

E-MAIL [assessments@co.mchenry.il.us](mailto:assessments@co.mchenry.il.us)

Robin Brunschon, CIAO-I, Chairman  
Jan George Hervert, CIAO-I, Member

Robert H. Ross, ASA  
Ex-officio Clerk

## OPTIONAL: DESIGNATION OF ADDITIONAL PERSON TO RECEIVE NOTICE OF DELINQUENCY

Chapter 35 of the Illinois Compiled Statutes, 200/15-170 states that each person who receives the Senior Homestead Exemption may designate another person to receive any Notice of Delinquency in payment of taxes assessed and levied on the property of the person receiving the exemption. What does this mean to you?

If you would become ill or hospitalized and unable to take proper care of your business, you might not remember to pay your real estate taxes. If that happened, you would receive a Notice of Delinquent Taxes before your property taxes are sold at auction. This gives you another chance to pay the taxes and any late fees. If you still did not respond, your property taxes could be sold at auction and eventually you could lose your home. This law allows you to designate an additional person who would also receive the Notice of Delinquent Taxes. Perhaps this would be your child or other person who has your power of attorney or whom you have designated to handle your business affairs should you become unable to do so.

If you would like to take advantage of this optional program, please complete the designation form below and return to the address above. Also, include a check or money order for \$5.00 to cover administrative costs for this program. Make checks payable to McHenry County. If you do not wish to apply please disregard this application.

Note: You may rescind this designation at any time by sending a signed, notarized letter to this office, stating your intention to rescind. Please include name of property owner, the parcel number, and the property address.

### INFORMATION ABOUT YOU (THE OWNER) AND YOUR PROPERTY

PARCEL NUMBER \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

STREET ADDRESS OF THE PROPERTY \_\_\_\_\_

CITY AND ZIP CODE \_\_\_\_\_

PHONE NUMBER OF OWNER \_\_\_\_\_

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### INFORMATION FOR THE PERSON YOU ARE DESIGNATING TO RECEIVE ADDITIONAL NOTICE OF DELINQUENT TAXES

THEIR NAME \_\_\_\_\_

THEIR MAILING ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

THEIR PHONE NUMBER \_\_\_\_\_

**Your signature on this line as property Owner** \_\_\_\_\_

\*\*\*\*\*

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
NOTARY