

MCHENRY COUNTY BOARD OF REVIEW

MAILING: 2200 N Seminary Ave Woodstock, IL 60098 Location: 667 Ware Rd Ste 106 Woodstock, IL 60098
Telephone: 815-334-4290 Website: www.co.mchenry.il.us Email: assessments@co.mchenry.il.us

APPLICATION FOR SENIOR CITIZEN'S HOMESTEAD EXEMPTION

CHECKED BY _____

PERMANENT INDEX NUMBER

_____ - _____ - _____ - _____

RESIDENCE ADDRESS

_____ Street _____ City _____ State _____ Zip

1ST OWNER/TAXPAYER

DATE OF BIRTH

____/____/____

DL ID PP OTHER

2ND OWNER/TAXPAYER

DATE OF BIRTH

____/____/____

DL ID PP OTHER

Apply even if you are not 65 (Attach copy of ALL APPLICANTS proof of age)

Such as a: 1.Driver's License 2. State ID 3. Passport.

EMAIL ADDRESS:

TELEPHONE NUMBER:

(____) _____

Is the property owned in TRUST?

YES NO

(If yes, a copy of the TRUST or letter from Bank indicating beneficiary and signatures is required. Only need TRUST; that is in Family or Bank Name) (Do not use the recorded Deed in Trust)

Are you receiving any real estate exemptions on any other properties in McHenry County or elsewhere in the United States?

Yes: the address of the real estate is.

_____ Street _____ City _____ State _____ Zip

No: this is the only property.

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 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.

TAXPAYER SIGNATURE

DATE

____/____/20____

TAXPAYER SIGNATURE

DATE

____/____/20____

OFFICE USE ONLY

Legal Owners of Record of Property: _____

Recorded Doc #: _____

New Owners: YES NO

HEL exemption on PIN: YES NO

Sale Date: ____/____/____

Pro Rate Date: ____/____/____

Memo only: YES NO

Assessment Year: _____

DENIED: YES NO

Certificate of Error: _____

BOR Docket No: _____

Entered By: _____

Notes: _____



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APPLICATION FOR SENIOR CITIZEN'S HOMESTEAD EXEMPTION

What is the Senior Citizens Homestead Exemption?

The senior citizens homestead exemption (35 ILCS 200/15 170) provides for an annual \$5,000 reduction in the equalized assessed value of the property that you

- own or have a leasehold interest in,
- occupy as your principal residence during the assessment year, **and**
- are liable for the payment of property taxes.

Note: You may receive a pro-rata senior citizens homestead exemption if property is first occupied as your principal residence after January 1 of any assessment year.

Who is eligible?

To qualify for the senior citizens homestead exemption you must

- be 65 years of age or older during the assessment year,
- own or have a legal or equitable interest in the property on which a single family residence is occupied as your principal residence during the assessment year, and
- be liable for the payment of the property taxes.

If you previously received a senior citizens homestead exemption and now reside in a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or ID/DD (intellectually disabled/developmentally disabled) Community Care Act of 2013, or Specialized Mental Health Rehabilitation Act, you are still eligible to receive this exemption **provided**

- Your property is occupied by your spouse, who is 65 years of age or older, **or**
- Your property remains unoccupied during the assessment year.

A resident of a cooperative apartment building qualifies for this exemption if the resident is the owner of record of a legal or equitable interest in the property, occupies it as a principal residence, and is liable by contract for the payment of property taxes.

Note: A resident of a cooperative apartment building who has a leasehold interest **does not** qualify for this exemption.

A resident of a life care facility qualifies for this exemption if

the resident has a life care contract with the owner of the facility and is liable for the payment of property taxes as required under the Life Care Facilities Act (210 ILCS 40/1 *et. seq.*).

When and where must I file?

Contact your chief county assessment officer (CCAO) at the address and telephone number shown above to verify any due date for filing this application in your county. File this form with the CCAO at the address shown above. Once approved to receive this exemption, you may be required to file Form PTAX-329, Certificate of Status-Senior Citizens Homestead Exemption, annually if your CCAO requires such verification.

Note: You may be required to provide additional documentation.

Note: We do not send notification when Senior Exemptions are received and or completed. Your notification will be in your upcoming Tax Bill or Assessment Notices.

Note: As long as you live at property with exemption you don't have to re-apply.

What if I need additional assistance?

If you need additional assistance with this form, please contact your CCAO.

Note: Contact your CCAO for information on how you designate another person to receive a duplicate of a property tax delinquency notice for your property.



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FAX: 815-334-4939

OPTIONAL: DESIGNATION OF ADDITIONAL PERSON TO RECEIVE NOTICE OF DELINQUENCY

Mark Ruda, Chairman
Clifton Houghton, Member
Sharon Bagby, Member

Robert H. Ross, ASA
Ex-officio Clerk

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 _____

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