

APPLICATION FOR SENIOR CITIZENS HOMESTEAD EXEMPTION

TO: The Board of Review
of
DuPage County.

_____ Township

1. A homestead exemption on the real property hereinafter described on the grounds that requirements of 35 ILCS 200/15-170, relative to the homestead exemption have been met as hereinafter more particularly set forth.

2. PERMANENT PARCEL NO. _____

Name: _____

Address: _____

City: _____

Telephone No.: _____

3. The undersigned states that he (she) is 65 years of age or older, having been born on _____ and that the above described real property is occupied as a residence by the undersigned. (Birthdate)

4. 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 (other than a leasehold interest) as evidenced by a written instrument, a copy of which is attached and which is identified as follows:

Proof of Ownership

Warranty Deed
Trustee's Deed
Quit Claim Deed
Deed in Trust and Trust Agreement
Title policy (Schedule A)

Administrators Deed
Executor's Deed
Articles of Agreement
Last Will & Testament and
Death Certificate

Proof of Age

Driver's License
Identification Card
Passport
Birth Certificate
Naturalization papers
(If birth date is noted)

5. The undersigned also states that no other application for homestead exemption has been or will be filed by him (her) or by a spouse on any other real property in Illinois or elsewhere.

Date: _____, _____

OWNER'S SIGNATURE _____

OWNER'S ADDRESS _____

Signed and sworn to before me on _____

CURRENTLY NOT REQUIRED

Notary Public

Notary's Address

Request to Designate Alternate Contact for Property Tax Delinquency Notice

In accordance with 35 ILCS 200/15-170, recipients of the Senior Citizens Homestead Exemption may designate any other individual of their choosing to receive a duplicate of any notice of delinquency in the payment of real estate taxes. The duplicate notice shall be in addition to the notice required to be provided to the person receiving the exemption, and shall be given in the manner required by the Property Tax Code. The person filing the request for the duplicate notice shall pay a fee of \$5 to cover administrative costs. **Please include a check or money order payable to the County Collector in the amount of \$5.00.**

1. Parcel Number: _____
(The Parcel Number may be found on a recent tax bill)

2. Property Owner's Name: _____

3. Property Address: _____

4. Designee's Name: _____

5. Designee's Address: _____

Signature of Property Owner

Date

Please return completed application along with \$5.00 check payable to "**County Collector**" to the following address:

Supervisor of Assessments
421 N. County Farm Rd.
Wheaton, IL 60187