

**APPLICATION FOR SENIOR CITIZEN HOMESTEAD EXEMPTION
2021**

This Certificate is required pursuant to 35 Illinois Compiled Statutes (ILCS) 200/15-170

Jo Daviess County Parcel Number: _____

Name: _____

Address: _____

Owner's Birthday: ____/____/____

Proof of age must be provided: copy of driver's license or birth certificate.

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|---|-----|----|
| 1. Was a Senior Citizen Homestead granted to you last year for this property? | YES | NO |
| 2. Did you reside at this property on January 1, 2021? | YES | NO |
| 3. On January 1, 2021, were you the owner of record or did you have a legal or equitable interest in this property? | YES | NO |
| 4. On January 1, 2021 due to a lease, were you liable for payment of real estate taxes on this property? | YES | NO |
| 5. On January 1, 2021, were you in a nursing home? | YES | NO |

COMPLETE 6 & 7 ONLY IF #5 IS ANSWERED "YES"

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|--|-----|----|
| 6. On January 1, 2021, while you were in a nursing home, did your spouse, who is 65 years old or older this year, reside at the residence? | YES | NO |
| 7. On January 1, 2021, while you were in a nursing home, was the residence vacant? | YES | NO |

*Even if you did not reside at this property January 1, 2021, the law provides your exemption may continue if you were a resident of a facility licensed pursuant to the Assisted Living & Shared Housing Act, Nursing Home Care Act, ID/DD Community Care Act, or Specialized Mental Health Rehabilitation Act and your residence remained vacant or occupied by your spouse who is 65 years old or older this year.

IMPORTANT: This Certificate should be completed and returned to the Chief County Assessment Office **on or before May 31, 2021**. Failure to file shall constitute cause to terminate the exemption.

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

Owner's Signature: _____ Date: _____

Print Name: _____

Mail completed form to:

Chief County Assessment Office, 330 North Bench Street, Galena, IL 61036

Phone: (815) 777-1016