

**Application for Senior Citizen's Homestead Exemption
Lake County, Illinois**

Parcel Index Number: _____ Township: _____

Applicant Name: _____ Date of Birth: ____/____/____

Is the property owned in Trust? Yes _____ No _____

If yes, a copy of the portion of the trust agreement indicating the beneficiary is required.

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A homestead exemption is requested on the grounds that the requirements of Chapter 35 (ILCS), Act 200, Section 15-170, relative to the Senior Homestead Exemption have been met as set forth below.

1. The undersigned states that the above-described real property is occupied as the primary residence by the undersigned.
2. The undersigned states that he/she will be 65 years of age or older during the assessment year in question. One owner must meet this requirement to apply.
3. The undersigned also states that no other application for Homestead Exemption has been or will be filed by him/her on any other real property in Illinois or elsewhere.
4. The undersigned also states that he/she is liable for paying real estate taxes on the above described property and is the owner of record of said property, or is a lessee of said real property which is a single family residence. Attach one of the following written instruments supporting these statements (check one):

____ Recorded Deed – Document # _____ Signature Date of Deed (not recording date): _____

____ Lease Agreement on a Single Family Residence

If ownership is under two years, was a Senior Exemption granted at the previous address: Yes _____ No _____

Previous Address: _____

THE FOLLOWING DOCUMENTS MAY ONLY BE USED IF THE ABOVE ARE NOT AVAILABLE

____ Contract for Deed – Document # _____

____ Title Guarantee Policy

____ Beneficial Interest in a Trust – Document # _____

____ Will (Indicate date of death and date executor was appointed.)

____ Inheritance By Laws of Descent (Indicate date of death & relationship.)

NOTE: The exemption application is subject to review and approval by the Lake County Board of Review.

Owner (or Lessee's) Signature: _____ Dated: _____

Owner (or Lessee's) Signature: _____ Dated: _____

Street Address: _____

City, State, Zip: _____ Phone #: (____) _____ - _____

Township use only: Begin Exemption on (date): ____/____/____