

**APPLICATION FOR REDUCTION OF
MOBILE HOME LOCAL SERVICES TAX**



Holly Kim
Lake County Treasurer
18 N. County St. Rm 102
Waukegan, IL 60085

MH: _____ - _____ - _____
(Park #) (Owner #)

Please Provide a Copy of the Title if Available

I hereby make application for a reduction of 20% of the total tax imposed under "An Act to provide for a local service tax on mobile homes".

Answer YES or NO to the following questions:

- A. _____ I reside in the mobile home.
- B. _____ I hold title to the mobile home as provided in the Illinois code.
- C. _____ I have reached the age of 65 on or before January 1 of the year in which this statement is filed.
My date of birth is: _____, _____. (Must present proof of age)
- D. _____ I was totally disabled on _____ day of _____ 20_____ and have remained disabled until the date of this application. (Must present proof of disability)

PLEASE CHECK ONE

_____ Senior Exemption _____ Disability Exemption

The undersigned declares under penalty of perjury that the above statements are true and correct.

Date: _____, _____, _____

(Signature of Owner)

(Address)

(City) (State) (Zip)

(Phone Number)

(E-mail)

Approved by:

(County Treasurer)