



**MC HENRY COUNTY BOARD OF REVIEW**  
**MAILING ADDRESS: 2200 N SEMINARY AVE WOODSTOCK IL 60098**  
**LOCATION: 667 WARE RD WOODSTOCK IL**  
**TELEPHONE: (815) 334-4290 WEBSITE: www.mchenrycountyil.gov**  
**EMAIL: assessments@mchenrycountyil.gov**

**APPLICATION FOR SENIOR'S CITIZEN HOMESTEAD EXEMPTION**

**Section 1: Instructions**

**A. Taxpayer eligibility.** To be eligible for the exemption, the taxpayer must be at least 65 years of age by December 31 of the assessment year. **Be sure to include a copy of your photo id (such as Driver's License, ID Cards, Passport or other forms of ID) as proof of age. If the property is in a trust we will need a copy of the trust or a letter from the bank stating beneficial interest.**

**B. Property eligibility.** To be eligible for the exemption:

- The property must be occupied as the primary residence by the eligible taxpayer.
- The eligible taxpayer must be liable for paying the real estate taxes on the property.
- The eligible taxpayer must be an owner of record of the property or have a legal or equitable interest in the property as evidenced by a written instrument. In the case of a leasehold interest in property, the lease must be for a single family residence. In the case of a life estate, the life estate must have been established by a document recorded by the McHenry County Recorder.

If a homestead exemption has been granted under this Section and the person awarded the exemption subsequently becomes a resident of a facility licensed under the Illinois Nursing Home Care Act or Illinois MR/DD Community Care Act, then the exemption shall continue so long as the residence continues to be occupied by the qualifying person's spouse, or if the residence remains unoccupied but is still owned by the person qualified for the homestead exemption.

**C. Application.** Application should be filed with the McHenry County Assessment Office by the owner of record (or person holding equitable interest) by November 30th of the assessment year. After initial approval, the exemptions will be renewed automatically. If the property is no longer eligible for the exemption, it is the responsibility of the taxpayer to remove the exemption to avoid possible interest and penalties.

**D. Exemption Amount.** Under 35 ILCS 200/15-170, qualified taxpayers are permitted an exemption that will remove up to \$5,000 from the equalized assessed value before the taxes are calculated.

**Section 2: Property Identification (please print)**

Parcel No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Owner/Taxpayer Name(s): \_\_\_\_\_

Property Address \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ I have owned and occupied this property since \_\_\_\_\_

Do you own any other real estate anywhere in the United States?

Yes; the address of the real estate is \_\_\_\_\_

No, this is the only property I/we own.

**Section 3: Oath** I attest that the above address has been my primary residence, that I am the owner of record or have a legal or equitable interest in the property as evidenced by written instrument, and that I am liable for paying the taxes on this property, since the date stated above.

Signature of Owner/Taxpayer 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Owner/Taxpayer 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please send me an application for the Senior Citizen Assessment Freeze Homestead Exemption.

**Official use only. Do not write in this space.**

Initials \_\_\_\_\_ Date \_\_\_\_\_ SAF \_\_\_\_\_

Approved \_\_\_\_\_ Pro-rated \_\_\_\_\_ Denied \_\_\_\_\_  
Year Initial Date Date Initial Year Initial Date

C/E \_\_\_\_\_ Pro-rated \_\_\_\_\_



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## OPTIONAL: DESIGNATION OF ADDITIONAL PERSON TO RECEIVE NOTICE OF DELINQUENCY

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 \_\_\_\_\_

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### 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** \_\_\_\_\_

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**SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_**

(NOTARY SEAL)

\_\_\_\_\_