Sangamon County Board of Review

Supervisor of Assessments
200 South Ninth Street
Springfield, IL 62701
Telephone 217-753-6805 Fax 217-535-3143
www.sangamonil.gov

Application for General Homestead Exemption
35 ILCS 200/15-175

I hereby certify that:
(Circle YES or NO)

YES / NO I own and occupy the property identified below as my principal residence. **A copy of my current photo ID (drivers license or state issued photo ID) is attached.**

YES / NO I have a leasehold interest in the property. (If you answer **YES** to this question, **STOP**. This is not the correct form. Call 753-6805 for assistance.)

YES / NO I am responsible for the payment of real estate taxes on this property.

YES / NO I also affirm that the structure in which I reside is **NOT** a mobile home on which I pay mobile home tax, and that it is a single family dwelling.

YES / NO Are you married and live separately from your spouse?
If " **YES**", please list your spouse's name and address.

Name: _____

Address: _____ (City / State) _____

Parcel Number of Property: **14-22.0-252-022**

Township: CAPITAL

Address of Property: 900 GRIFFITHS AVE
SPRINGFIELD IL 62702

The date I first occupied this residence was: _____

I hereby affirm that I do not receive any owner occupied exemption on any other property in Illinois or any other state. If I do, the parcel number / address of the property is: _____

_____ (State / County): _____

This exemption may be effective on the first day of occupancy. Application is required with new ownership.

Signed: _____ Print Name: _____

Daytime Telephone: _____ Date: _____

Email Address: _____

Persons of age 65 or over may be eligible for additional exemptions on homestead property. Please contact the Sangamon County Board of Review if you need information about these exemptions.