

## 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)

(Onoic TEC of	110)	
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 <b>YES</b> to this question, <b>STOP</b> . This is no 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 <b>NOT</b> a mobile home on which I pay mobile home tax, and that it is a single family dwelling.	
YES / NO	•	ried and live separately from your spouse? ease list your spouse's name and address.
	Name:	
	Address:	(City / State)
Parcel Number	of Property:	14-27.0-253-008
Township:		CAPITAL
Address of Property:		922 N 10TH ST 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, th	he parcel num	ber / address of the property is:
		(State / County):
This exemption	may be effec	ctive on the first day of occupancy. Application is required with new ownership.
Signed:		Print Name:
Daytime Teleph	none:	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.