



# Sangamon County Board of Review

## Supervisor of Assessments

200 South Ninth Street, Room 210

Springfield, IL 62701

Telephone 217-753-6805 Fax 217-535-3143

[www.sangamonil.gov](http://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: **14-28.0-182-032**

Township: CAPITAL

Address of Property: 701 N WALNUT  
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.