

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)

(0	,		
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:	06-35.0-400-017	
Township:		FANCY CREEK	
Address of Pro	perty:	SHERMAN IL	
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	ne parcel num	ber / address of the property is:	
		(State / County):	
This exemption	may be effect	tive 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.