

# Application for Senior Citizens Assessment Freeze Homestead Exemption

Last date to apply: 12-31-2020

**Part 1: Complete the following information (Please print)**

1. \_\_\_\_\_  
 Last Name of Applicant                      First Name                      Initial  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City                      State                      Zip                      \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month                      Day                      Year  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_  
 Township  
 \_\_\_\_\_  
 PIN Number (located on your tax bill or assessment notice  
 or by calling the assessment office at (309) 582-7814.)  
 \_\_\_\_\_  
 Email Address  
 \_\_\_\_\_

2. \_\_\_\_\_  
 Property Address  
 \_\_\_\_\_  
 City                      State                      Zip

3. Name of Spouse \_\_\_\_\_ Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. On January 1, 2020, in addition to myself (and spouse, if applicable), the following individuals used the property listed for their principal residence. The income of all individuals listed below must be included in Part 2. Attach an additional sheet if necessary.

|    | First and Last Name | Relationship to Applicant | Date of Birth |
|----|---------------------|---------------------------|---------------|
| 4a | _____               | _____                     | _____         |
| 4b | _____               | _____                     | _____         |
| 4c | _____               | _____                     | _____         |

**Part 2: Complete the 2019 yearly income information for the entire household:**

You must include the income of you, your spouse, and all other individuals who live in your household.

|  |                   |
|--|-------------------|
| 1. Social Security and SSI benefits. Include Medicare deductions in this total (household total)   | 1. _____ / _____  |
| 2. Railroad Retirement benefits. Include Medicare deductions in this total (household total)   | 2. _____ / _____  |
| 3. Civil Service benefits (household total)  | 3. _____ / _____  |
| 4. Annuities, federally taxable pensions and retirement plan distributions (household total)   | 4. _____ / _____  |
| 5. Human Services and any governmental cash public assistance benefits (household total)   | 5. _____ / _____  |
| 6. Wages, salaries, and tips from work (household total)   | 6. _____ / _____  |
| 7. Interest and Dividends received- both taxable and non-taxable (household total)   | 7. _____ / _____  |
| 8. Net rental, farm, and business income or (loss). See instructions for Line 8 (household total)  | 8. _____ / _____  |
| 9. Net capital gain or (loss). See instructions for Line 9 (household total)   | 9. _____ / _____  |
| 10. Other income or (loss). See instructions for Line 10 (household total)   | 10. _____ / _____ |
| 11. Add Lines 1 through 10.  | 11. _____ / _____ |
| 12. Certain subtractions. You may subtract only the reported adjustments to income from Federal 1040, Schedule 1, Line 22.   |                   |
| Subtraction item   | Amount            |
| 12a _____  | _____ / _____     |
| 12b _____  | _____ / _____     |
| Add the amounts on Lines 12a and 12b and write the result  | 12. _____ / _____ |
| 13. Subtract Line 12 from Line 11, and write the result. This is your total household income for 2019. If this amount is greater than \$65,000, you do not qualify for this exemption. | 13. _____ / _____ |

Do not write in this area

Income Verified \_\_\_\_\_ Yes \_\_\_\_\_ No

**Part 3: Complete the Affidavit (MUST answer all questions and check all that apply).**

1. On January 1, 2019 **and** January 1, 2020 (both must apply), the property listed in Part 1, Line 1, is a permanent structure that was: *(Mark the statement that applies)*  
\_\_\_\_\_ Used as my principal residence, **or**  
\_\_\_\_\_ A residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013,  
Name of Licensed Facility \_\_\_\_\_  
Address \_\_\_\_\_ Date entering facility \_\_\_\_\_
2. On January 1, 2019 **and** January 1, 2020 (both must apply), for the property listed in Part 1, Line 1:  
\_\_\_\_\_ I was the owner of record for the property as evidenced by a deed; **or**  
\_\_\_\_\_ I was the owner of record for the property via a recorded life estate (Document # \_\_\_\_\_); **or**  
\_\_\_\_\_ I had a legal or equitable interest in the property by a written instrument (*attach copy*); **or**  
\_\_\_\_\_ I had a leasehold interest in the property that was used as a single-family residence (*attach copy*).
3. In 2020, either: *(Mark the statement that applies)*  
\_\_\_\_\_ I am or will be 65 years of age or older, **or**  
\_\_\_\_\_ My spouse, who died in 2020, would have been age 65 or older  
3a. The name of my deceased spouse was \_\_\_\_\_  
3b. The date of death of my deceased spouse was \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
4. 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.
5. By signing this affidavit, I certify that the income shown on Part 2, line 13, includes all income of myself, spouse (whether residing on this property or not), and all other persons using this property as a residence as of January 1, 2020.

Under penalties of perjury, I swear (or affirm) that to the best of my knowledge, the information contained in this affidavit is true, correct, and complete. I understand that the Mercer County Supervisor of Assessments may conduct an audit to verify that I am eligible to receive this exemption.

**X**

\_\_\_\_\_  
Signature of applicant is required

\_\_\_\_\_  
Date

**Mail your completed form to:**  
Mercer County Chief County Assessment Officer  
Attn: Mary A. McClellan  
100 SE 3<sup>RD</sup> Street  
Aledo IL 61231

**Last date to apply: 12-31-2020**

If you have any questions, please call:  
(309) 582-7814.

Do not write in this area.