

**2017 Senior Citizens Assessment Freeze  
Homestead Exemption Application and Affidavit**

Last date to apply: **October 31, 2017**

**Part 1: Applicant Information** (Please type or print.)

Name & Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Part 2: Property Information**

**1** \_\_\_\_\_ **Tract No:** \_\_\_\_\_

Street address of property for which this exemption application is filed

\_\_\_\_\_ **IL** \_\_\_\_\_  
City Zip County

**Part 3: Qualifying Information**

(Circle the correct answer)

**1** Have you owned or lived in this property since January 1, 2016? **YES or NO**

**2** On January 1<sup>st</sup> of this year, was the property your principal residence OR were you a resident of a nursing home? **PRINCIPAL RESIDENCE Or NURSING HOME**

**3** In 2016, was your total gross household income \$55,000 or less? **MORE or LESS**

(Income is defined as **all income** from **all sources**, and from **all people** who reside in the home, including social security payments, regardless of whether they are taxable or not.)

**4** If you are married does your spouse reside at a different address? **YES or NO**

(If applicable please circle one of the following: **single, divorced, or widowed** and answer **NO** to this question.)

If you answered **YES** In question #4 please provide the spouse's full name and address:

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Spouse Address

If your total Gross Income is over \$55,000 we can review your tax return to see if you qualify. Please bring this form along with your 2016 federal tax return, if required to file or proof of income, and we will ensure all income is accounted for as required by statute.

- ❖ You will be required to submit proof of income to qualify for this exemption. Failure to submit information will result in loss of Senior Citizen Assessment Freeze.
- ❖ I swear under penalty of perjury that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this completed application form to:  
**Matthew R. Long**  
Vermillion County, Supervisor of Assessments  
6 North Vermillion Street, 4<sup>th</sup> Floor  
Danville, IL 61832

If you have any questions, please call:

(217) 554-1940

Do not write in this space.

Date Received \_\_\_\_\_  
Base year \_\_\_\_\_  
Revised base year \_\_\_\_\_  
Income Verified \_\_\_\_ Yes \_\_\_\_ No  
Approved \_\_\_\_ Yes \_\_\_\_ No

Base year EAV \$ \_\_\_\_\_  
Revised base year EAV \$ \_\_\_\_\_  
EAV of added improvements \$ \_\_\_\_\_  
Base amount \$ \_\_\_\_\_