

**APPLICATION FOR SENIOR CITIZENS HOMESTEAD EXEMPTION**

TO: The Board of Review  
of  
**DuPage County.**

\_\_\_\_\_ Township

1. A homestead exemption on the real property hereinafter described on the grounds that requirements of 35 ILCS 200/15-170, relative to the homestead exemption have been met as hereinafter more particularly set forth.

2. PERMANENT PARCEL NO. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

3. The undersigned states that he (she) is 65 years of age or older, having been born on \_\_\_\_\_ and that the above described real property is occupied as a residence by the undersigned. (Birthdate)

4. The undersigned also states that he (she) is liable for paying real estate taxes on the above described real property and is an owner of record of said real property or has a legal or equitable interest in said real property (other than a leasehold interest) as evidenced by a written instrument, a copy of which is attached and which is identified as follows:

**Proof of Ownership**

Warranty Deed  
Trustee's Deed  
Quit Claim Deed  
Deed in Trust and Trust Agreement  
Title policy (Schedule A)

Administrators Deed  
Executor's Deed  
Articles of Agreement  
Last Will & Testament and  
Death Certificate

**Proof of Age**

Driver's License  
Identification Card  
Passport  
Birth Certificate  
Naturalization papers  
*(If birth date is noted)*

5. The undersigned also states that no other application for homestead exemption has been or will be filed by him (her) or by a spouse on any other real property in Illinois or elsewhere.

Date: \_\_\_\_\_, \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notary Public

Notary's Address

**Request to Designate Alternate Contact for Property Tax Delinquency Notice**

In accordance with 35 ILCS 200/15-170, recipients of the Senior Citizens Homestead Exemption may designate any other individual of their choosing to receive a duplicate of any notice of delinquency in the payment of real estate taxes. The duplicate notice shall be in addition to the notice required to be provided to the person receiving the exemption, and shall be given in the manner required by the Property Tax Code. The person filing the request for the duplicate notice shall pay a fee of \$5 to cover administrative costs. **Please include a check or money order payable to the County Collector in the amount of \$5.00.**

1. Parcel Number: \_\_\_\_\_  
(The Parcel Number may be found on a recent tax bill)
  
2. Property Owner's Name: \_\_\_\_\_
  
3. Property Address: \_\_\_\_\_  
\_\_\_\_\_
  
4. Designee's Name: \_\_\_\_\_
  
5. Designee's Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

Please return completed application along with \$5.00 check payable to "**County Collector**" to the following address:

Supervisor of Assessments  
421 N. County Farm Rd.  
Wheaton, IL 60187