

## CHIEF COUNTY ASSESSING OFFICIAL KENDALL COUNTY ANDREW P. NICOLETTI

807 W John Street Yorkville, Illinois 60560-1498 630-553-4146

## Section 1: Instructions

- **A. Property eligibility.** To be eligible for the exemption:
- \* The property must be occupied as the primary residence by the eligible taxpayer.

## You must provide a copy of your Valid Driver's License showing the address of the property that you are applying for.

- \* The eligible taxpayer must be liable for paying the real estate taxes on the property.
- \* The eligible taxpayer must be an owner of record of the property or have a legal or equitable interest in the property as evidenced by a written instrument. In the case of a leasehold interest in property, contact the County Assessment Office for the correct application. In the case of a life estate, the life estate must have been established by a document recorded by the Kendall County Recorder.
- If a homestead exemption has been granted under this Section and the person awarded the exemption subsequently becomes a resident of a facility licensed under the Illinois Nursing Home Care Act or Illinois MR/DD Community Care Act, then the exemption shall continue so long as the residence continues to be occupied by the qualifying person's spouse, or if the residence remains unoccupied but is still owned by the person qualified for the homestead exemption.
- **B.** Application. After initial approval, the exemptions will be renewed automatically. If the property is no longer eligible for the exemption, it is the responsibility of the taxpayer to remove the exemption to avoid possible interest and penalties.
- **C. Exemption Amount.** Under 35 ILCS 200/15-175, qualified taxpayers are permitted an exemption that will remove up to \$6,000 from the equalized assessment value before taxes are calculated.

## Section 2: Property Identification (please print) Owner / Taxpayer Name: \_\_\_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ \_\_ \_\_\_ Mailing Address: \_\_\_\_\_\_ Property Address: \_\_\_\_\_ Mailing City, State, ZIP: \_\_\_\_\_\_ Property City, State, ZIP: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_I have owned and occupied this property since: \_\_\_\_\_ month/day/year Do you own any other real estate anywhere in the United States? ☐ Yes; the address of the real estate is: (list additional addresses on back if needed). If yes, you must provide a copy of the most recent tax bill for each property. ☐ No; this is the only property I/we own. **Section 3: Oath** I attest that (applicant must check all applicable boxes) ☐ The above address was occupied by person(s) with legal or equitable interest as of January 1 of the current assessment year; ☐ The above address has been my primary residence since the date noted in Section 2; ☐ I am the owner of record of have a legal or equitable interest in the property as evidence by written instrument: and ☐ I am liable for paying the taxes on this property, since the date stated above. Signature of Owner/Taxpayer: Date