

Madison County GENERAL HOMESTEAD APPLICATION

(Instructions on Back of Application)

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|---|---|
| PARCEL #: | TAX YEAR: |
| Property Address: | |
| Street Address | City |
| State | ZIP Code |
| Owner's Name: | Home Phone: () - |
| First Middle Last | |
| Date of Occupancy: | |
| Previous Address: | |
| Street Address | City |
| State | ZIP Code |
| Do you own and occupy the property identified above as your principal residence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a leasehold interest in this property? (If you answer YES to this question, STOP, Call your local Assessor or the County Office at 618-692-6270 for assistance) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you responsible for the payment of real estate taxes on this property? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you affirm that the structure in which you reside is NOT a mobile home on which you pay a mobile home tax? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was this a newly constructed home upon occupancy (first owner)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| **If this property is subject to a Contract for Deed, or a Life Estate please contact your Township Assessor or the County Office for additional required documents. | |
| <p>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, the parcel number / address of the property is: _____</p> <p>_____ (State / County): _____</p> | |
| <p>Subject to applicable legal sanctions, including perjury, I state the information contained in this Affidavit is true, correct and complete. By checking this box and typing my name below, I am electronically signing this document.</p> | |
| _____ Signature of Applicant | _____ Date (mm/dd/yyyy) |
| _____ Printed Name of Applicant | |
| Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20 _____ | |
| _____ Notary Public Signature | <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Notary Seal </div> |

INSTRUCTIONS FOR FILLING OUT THE GENERAL HOMESTEAD APPLICATION

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| Tax Year | The tax year for which the Owner of the property is applying for exemption. |
| PARCEL # | The PARCEL # of the property to which the exemption will be applied. |
| Property Address | Location of the property for exemption. |
| Owner's Name / Home Phone | Name of Homeowner and Current Number to contact for additional information/questions. |
| Date of Occupancy | Date that the Owner occupied the home. |
| Previous Address | Owner's prior address. |
| Yes or No Questions | Answer ALL questions about the use of the property. The property must be primary residence to qualify. |
| New Construction | Instant Assessment Law allows for home Owners of newly constructed homes to also receive a prorated exemption. New home owners of older homes will be qualified for exemption on the year when the Owner has resided in the home on January 1. |
| Apartment Owners | Apartment Owners may qualify provided they reside in the building. |
| Commercial Property | Commercial Property may qualify if used primarily for owner occupied residence. |

** Sign, date and have the Application **notarized**. Mail or bring the Application to the Madison County Assessor's Office, 157 N. Main St. Suite 229, Edwardsville, IL 62025. Any questions should be directed to (618) 692-6270.

** Failure to have the Application notarized will result in a denial of exemption.

06/2020 COVID-19 we are currently waiving need for exemptions to be notarized at this time

For Official Use Only. Do Not Write in This Space.

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|---|---------------------------------|
| Date Received: | Initials: |
| Approved Full Year: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Approved Pro-Rata: <input type="checkbox"/> Yes <input type="checkbox"/> No | Pro-Rata Exemption Date: |
| Denied: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Denied, Reason for Denial: | |
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