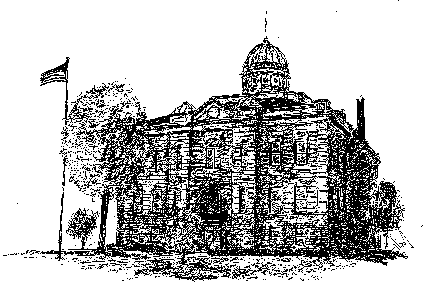
**MENARD COUNTY ASSESSMENT OFFICE**

102 S 7TH ST. PETERSBURG, IL 62675

217-632-4461

[www.menardcountyil.org](http://www.menardcountyil.org)

**APPLICATION FOR GENERAL HOMESTEAD EXEMPTION**

**35 ILCS 200/15-175**

**Exemption Amount**. Under 35 ILCS 200/15-175, qualified taxpayers are permitted an exemption that will remove up to $6,000 from the equalized assessed value before taxes are calculated.

**Application**. After initial approval, the exemptions will be renewed automatically. If the property is no longer eligible for the exemption, it is the taxpayer's responsibility to remove the exemption to avoid possible interest and penalties.

YES / NO I own and occupy the property identified below as my principal residence. A copy of my current photo ID (driver’s license or state issued photo ID) is attached.

YES / NO I am responsible for the payment of real estate taxes on this property.

YES / NO I also affirm that the structure in which I reside is NOT a mobile home on which I pay mobile home tax, and that it is a single family dwelling as defined in the current Zoning Ordinance of Menard County. The Menard County Zoning Ordinance can be viewed at [www.menardcountyil.com/departments/zoning-gis/](http://www.menardcountyil.com/departments/zoning-gis/)

Address of Property:

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

(City / State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have owned and occupied this property since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you own any other homes in the United States? Yes / No

If Yes, please provide the address of the homes.

**I hereby affirm** that I do not receive any homestead exemption on any other property in Illinois or any other state. If I do address of the property is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_