



Application for Senior Citizen Homestead Exemption

KANE COUNTY ASSESSMENT OFFICE

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www.KaneCountyAssessments.org

Section 1: Instructions

- A. Taxpayer eligibility.** To be eligible for the exemption, the taxpayer must be at least 65 years of age by December 31 of the assessment year.
- B. Property eligibility.** To be eligible for the exemption:
- The property must be occupied as the primary residence by the eligible taxpayer.
 - 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, the lease must be for a single family residence. In the case of a life estate, the life estate must have been established by a document recorded by the Kane 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.
- C. Application.** Application should be filed with the Kane County Assessment Office by the owner of record (or person holding equitable interest) by November 30 of the assessment year. 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.
- D. Exemption Amount.** Under 35 ILCS 200/15-170, qualified taxpayers are permitted an exemption that will remove up to \$5,000 from the equalized assessed value before taxes are calculated.

Section 2: Property Identification (please print)

Owner/Taxpayer Name(s): _____ Parcel No. _____ - _____ - _____ - _____

Mailing Address: _____ Property Address: _____

Mailing City, State, ZIP: _____ Property City, State, ZIP: _____

Daytime Telephone: _____ 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 _____

No; this is the only property I/we own.

Section 3: Oath I attest that the above address has been my primary residence, that I am the owner of record or have a legal or equitable interest in the property as evidenced by written instrument, and that I am liable for paying the taxes on this property, since the date stated above.

Signature of Owner/Taxpayer 1 _____ Date of Birth _____

Signature of Owner/Taxpayer 2 _____ Date of Birth _____

Please send me an application for the Senior Citizen Assessment Freeze Homestead Exemption.

Official use. Do not write in this space.

Initials _____ Date _____ SAF _____

Approved _____ Pro rata _____ Denied _____
Year Initial Date Date Initial Year Initial Date

C/E _____ Pro rata _____ Reason _____