

STEPHENSON COUNTY MOBILE HOME EXEMPTIONS

Stephanie A. Helms
Stephenson County Treasurer & Collector
50 W. Douglas St., Suite 503
Freeport, IL 61032

OFFICE USE ONLY	
Tax Code	_____
Exemption	_____
Mobile Home VIN	_____
Mobile Home Parcel	_____
Property Owner	_____
Address	_____

I hereby make application for a reduction to 80% of the total tax imposed under "An Act to provide for a local services tax on mobile homes".

Answer YES or NO to the following questions:

- A. _____ I actually reside in the mobile home.
- B. _____ I hold title to the mobile home as provided in the Illinois code.
- C. _____ I have reached the age of 65 on or before January 1 of the year in which this statement is filed (Must present proof of age).
- D. _____ I was totally disabled on (Date) _____ and have remained disabled until the date of this application. **PLEASE COMPLETE SCHEDULE A BELOW.**

Schedule A

If you receive benefit checks for total disability, check the appropriate line and enter your claim number.

_____ Total Social Security Disability _____ Total Veterans Disability
_____ Total Railroad Retirement Disability _____ Total Civil Service Disability

My Claim number is: _____

My Social Security Number is: _____

The undersigned declares under the penalty of perjury that the above statements are true and correct.

Date: _____, _____

(Signature of Owner)

(Address)

Approved by: _____

(City) (State) (Zip)

(County Treasurer)

(Phone Number)