



# Jo Daviess County

Chief County Assessment Office  
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## APPLICATION FOR SENIOR HOMESTEAD EXEMPTION

**Original Application must be filed with the Jo Daviess County Assessment Office by: MAY 31, 2024**

### Section 1: Property Identification (please print)

**Taxpayer eligibility.** To be eligible for the exemption, the taxpayer/owner of record must occupy the property as of January 1 of the current assessment year (2024).

**Property eligibility.** To be eligible for the exemption:

- The property must be occupied as the primary residence by the eligible taxpayer. **PROOF OF RESIDENCY MUST BE PROVIDED WITH EXEMPTION APPLICATION, WE ONLY ACCEPT AN ILLINOIS DRIVER'S LICENSE, OR A BIRTH CERTIFICATE AS PROOF.**

Parcel No. (43) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Can be obtained by calling our office/or on your tax bill)

Owner/Taxpayer Name(s): \_\_\_\_\_

Mailing Address (w/ City, State, ZIP): \_\_\_\_\_

Property Address (w/ City, State, ZIP): \_\_\_\_\_

Daytime Telephone/email: \_\_\_\_\_

### Section 2: Verification Please answer the below questions.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Was a Senior Citizen Homestead granted to you last year for this property?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you or will you reside at this property on January 1, 2024?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. On January 1, 2024, were you the owner of record or did you have a legal or equitable interest in this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. On January 1, 2024 were you liable for payment of real estate taxes on this property?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you lease this property to anyone as of January 1, 2024?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. On January 1, 2024, were you in a nursing home?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Complete question 7 & 8 only if you answered YES to questions 6.**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 7. On January 1, 2024 while you were in a nursing home, did your spouse, who is 65 years old or older this year, reside at the residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. On January 2, 2024, while you were in a nursing home, was the residence vacant?  | <input type="checkbox"/> | <input type="checkbox"/> |

**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 evidence by written instrument, and that I am liable for paying taxes on the property, since the date stated above.

Signature of Owner/Taxpayer 1: \_\_\_\_\_ D.O.B \_\_\_\_\_

Signature of Owner/Taxpayer 2: \_\_\_\_\_ D.O.B \_\_\_\_\_

**See back for detailed instructions**

## 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 **(2024)**.

**PROOF OF AGE MUST BE PROVIDED: DRIVER'S LICENSE OR BIRTH CERTIFICATE.**

**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 recorded written legal instrument.

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In the case of a leasehold interest in property, contact the County Assessment Office for the correct application.

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In the case of a life estate, the life estate must have been established by a document recorded by the Jo Daviess County Recorder.

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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.

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**C. Application.** **Original** application should be filed with the Jo Daviess County Assessment Office by the owner of record (or person holding equitable interest) by **May 31, 2024**. 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.