



**ST. CLAIR COUNTY
ASSESSOR'S OFFICE**

General Homestead -5th Floor
10 Public Square
Belleville, IL 62220
Telephone: (618) 825-2704

GENERAL HOMESTEAD APPLICATION

Supporting documentation needed:

office use

- Copy driver's license (DL) or state ID with the address displayed in #1(exception is active military)
- Active military will provide current DL, military ID, and a utility bill.
- Copy of current contract/lease agreement

Completed, notarized applications with supporting documentation can be mailed or emailed to homesteadexemptions@co.st-clair.il.us.

1 _____
Applicant's Name

2 Date of Occupancy _____

_____ Street address of property

3 Enter the parcel # (PIN) for which you are requesting the exemption.
Your PIN is on the top right corner of your tax bill.

_____ City, State, and Zip

PIN # _____

(_____) _____

4 Email Address _____

Daytime Phone

5 Was this a newly constructed home upon your occupancy (Are you the first occupant)? Yes No

6 Do you have an interest in this property through a contract for deed or leasehold contract?

Yes No

Contract for deed – Please note that the contact must be recorded with the Recorder of Deed's office

Leasehold contract

7 Does the applicant own other homes (s) anywhere else (in state and out of state)? Yes No

If yes, please list address of other location(s) _____

8. Previous Address _____

***For Contract for Deed and Leasehold Contracts Only* (This application must be renewed annually)**

9 If contract for deed or leasehold is checked yes on #6, please fill out the following:

_____ Property Owner's Name (on the deed)

I understand that the real estate taxes may be a deductible expense for the occupant of the property. This information may be shared with the Department of Revenue.

_____ Authorized Representative's Printed Name

_____ Initials of the property owner or an authorized representative

_____ Mailing Address

_____ Initials of Occupant

_____ City, State, and Zip

I understand that the real estate taxes may NOT be a deductible expense for the property owner. This information may be shared with the Department of Revenue

(_____) _____

_____ Initials of the property owner or an authorized representative

Daytime Phone

_____ Initials of occupant

Contract for Deeds must be recorded

See back of the page to notarize the form.

GENERAL HOMESTEAD APPLICATION

Applicant and Property Owner may notarize separately

I state to the best of my knowledge, that the information on this application is true, correct, and complete.

Applicant's signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20__

Notary Public signature

Applicant and Property Owner may notarize separately

I state to the best of my knowledge, that the information on this application is true, correct, and complete.

Property owner's or authorized representative's signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20__

Notary Public signature