



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

General Homestead Dept.
10 Public Square
Belleville, Il 62220
Telephone: (618) 825-2704
Facsimile: (618) 825-2757

GENERAL HOMESTEAD APPLICATION

Please attach a copy of applicant's driver's license that lists **current** address. Along with ID military personnel may provide utility bill. If contract for deed or leasehold is in place attach a copy of contract.

Complete the following information

1 _____
Applicant's Name

2 Enter the assessment year for which you are requesting
the general homestead exemption ____ _ ____ _
Year

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 # _____

(_____) _____
Daytime Phone

4 Is this a single family residence Yes No

5 Does the applicant receive a homestead exemption anywhere else (in state and out of state)? Yes No

If yes, please list address of other location _____

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

7 Date of Occupancy _____

8 Previous Address _____

Street address City State Zip

9 On Jan 1st were you liable for the payment of real estate taxes on this property? Yes No

10 On Jan 1st were you the owner of record OR did you have an interest in this property through a bond for deed
or leasehold contract?
 Owner Contract for deed Leasehold contract

***For Contract for Deed and Leasehold Contracts Only* (Must be renewed annually)**

11 If bond for deed or leasehold is checked on #11, please fill out the following:

Property Owner's Name(on 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 property owner or authorized representative

Mailing Address

_____ Initials of Occupant

**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**

City, State, and Zip

_____ Initials of property owner or authorized representative

(_____) _____
Daytime Phone

_____ Initials of occupant

Contract for Deeds must be recorded

See back of page to notarize form.

GENERAL HOMESTEAD APPLICATION

Applicant and Property Owner' may notarize separately

I state to the best of my knowledge, 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, 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