

**APPLICATION FOR REDUCTION OF MOBILE HOME LOCAL SERVICES TAX**

I HEREBY MAKE APPLICATION FOR A REDUCTION TO 80% OF THE TOTAL TAX IMPOSED UNDER “AN ACT TO PROVIDE FOR LOCAL SERVICES TAX ON MOBILE HOMES.”

- 1. SENIOR CITIZENS
  - (A) I ACTUALLY RESIDE IN THE MOBILE HOME.
  - (B) I HOLD TITLE TO THE MOBILE HOME AS PROVIDED IN THE ILLINOIS VEHICLE CODE.
  - (C) I REACHED THE AGE OF 65 ON OR BEFORE EITHER JANUARY 1 (OR JULY 1) OF THE YEAR IN WHICH THIS STATEMENT IS FILED. MY DATE OF BIRTH IS \_\_\_\_\_.
  
- 2. DISABLED PERSONS
  - (A) I ACTUALLY RESIDE IN THE MOBILE HOME.
  - (B) I HOLD TITLE TO THE MOBILE HOME AS PROVIDED IN THE ILLINOIS VEHICLE CODE.
  - (C) I WAS TOTALLY DISABLED ON \_\_\_\_\_ AND HAVE REMAINED DISABLED UNTIL THE DATE OF THIS APPLICATION. MY SOCIAL SECURITY, VETERANS, RAILROAD OR CIVIL SERVICE DISABILITY CLAIM NUMBER IS \_\_\_\_\_.

THE UNDERSIGNED DECLARES UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
MOBILE HOME OWNER

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
City State Zip

APPROVED BY: \_\_\_\_\_  
ASSESSOR

