



APPLICATION FOR REDUCTION OF MOBILE HOME LOCAL SERVICES TAX

(Check One)

For Seniors and Disabled Persons:

I hereby make application for a 20% reduction of the total tax imposed under "An Act to provide for a Local Services Tax on Mobile Homes".

1. I actually reside in the mobile home;
2. I hold title to the mobile home as provided in the Illinois Vehicle Code.
3. I reached the age of 65 on or before January 1 of the year in which this statement is filed.

My date of birth is: _____

OR

I was totally disabled on _____ and have remained disabled until the date of this application. My (circle one) Social Security, Veterans, Railroad or Civil Service Total Disability Claim Number is: _____.

I, the undersigned declare under penalty of perjury that the above statements are true and correct.

For Disabled American Veterans:

I hereby make application for a 100% reduction of the total tax imposed under "An Act to provide for a Local Services Tax on Mobile Homes".

1. I actually reside in the mobile home;
2. I hold title to the mobile home as provided in the Illinois Vehicle Code.
3. The mobile home is used exclusively by myself (a disabled veteran) or the spouse or unmarried surviving spouse of the veteran, as a home.
4. The federal government has authorized payment for purchase or construction of specially adapted housing as set forth in the United States Code, Title 38, Chapter 21, Section 2101.

Date

Signature

Address

City / State / Zip Code