



## APPLICATION FOR REDUCTION OF MOBILE HOME LOCAL SERVICE TAX

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Check One:

- SENIOR CITIZEN
- My date of birth is: \_\_\_\_\_
  - I actually reside in said mobile home
  - I hold title to the mobile home as provided in the Illinois Vehicle Code
  - I reached the age of 65 on or before January 1<sup>st</sup> of the year in which this statement is filed.

- PERSONS WITH DISABILITIES
- I was totally disabled on : \_\_\_\_\_ and have remained disabled until the date of this application.
  - I actually reside in said mobile home
  - I hold title to the mobile home as provided in the Illinois Vehicle Code

My claim number is \_\_\_\_\_.

- Social Security
- Railroad
- Civil Service

- VETERAN WITH A DISABILITY QUALIFYING FOR FULL EXEMPTION
- I am the veteran with a disability, the spouse or unmarried surviving spouse of the veteran
  - I own and use the mobile home, exclusively
  - I understand this must be renewed yearly and I must provide proof of VA benefits.

I hereby make application for a 20% reduction (full reduction for veterans with disabilities) of the total tax imposed under "An act to provide for local services tax on mobile homes." In support of this application, I state under oath, with the penalty of perjury, that the above information is true to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE