

COOK COUNTY ASSESSOR'S OFFICE

2016 Affidavit: Historic Residence Assessment Freeze

As the owner occupant of an historic residence approved for an assessment freeze, Illinois law requires that you file specific information with the County Assessor's Office every year by **January 31st**.

Failure to file the required information can result in the loss of your assessment freeze. Please complete this annual affidavit, have your signature notarized, **provide a copy of the front and back of your Illinois State Identification Card or Illinois State Driver's License** bearing the address of the subject property, and return it with any other applicable information by January 31, 2016. **Please legibly print the below sections**

_____ - _____ - _____ - _____ - _____

Property Index Number Township

Owner: _____ Daytime Phone: (____) _____

Address: _____ City/Town: _____

Zip Code: _____ Email Address: _____

Please answer the following questions:

- 1) Has there been a change in ownership, use or occupancy of the property? Yes _____ No _____
- 2) Has this residence been leased? Yes _____ No _____
- 3) Does the owner occupy the property as their principal residence? Yes _____ No _____

You must also complete and return the Historic Residence Information on the back of this sheet.

UNDER OATH, I STATE THAT I HAVE ACCURATELY LISTED MY PROPERTY BY THE PROPERTY INDEX NUMBER ABOVE AND THAT ALL INFORMATION FILED, INCLUDING LEASE OR SALES DOCUMENTS, IS TRUE, COMPLETE, AND CORRECT.

Owner's signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary

Return to:

Historic Residence Program
Cook County Assessor's Office
118 North Clark Street, Room 301
Chicago, Illinois 60602

Phone: (312) 603-3810

NOTE: By law, if your property has a change in ownership, use or occupancy, you must also notify the Cook County Assessor's Office in writing within 30 days of any such change. Failure to notify can result in the loss of your assessment freeze.

The Assessor's Office requires a copy of the front and back of your Illinois State Identification Card or Illinois State Driver's License bearing the address of the subject property submitted with the Affidavit

HISTORIC RESIDENCE INFORMATION
(Complete this side **ONLY** if there are any changes)
Please legibly print the below sections

_____ Township
Property Index Number

PROPERTY ADDRESS: _____

CITY/TOWN: _____ ZIP: _____

Provide the information and documentation requested below if applicable to the property described by the Property Index Number above.

OWNERSHIP CHANGE:

In addition to the information below, submit documentation of transfer.

Property sold by: _____ Phone (_____) _____
(Daytime)

Property sold to: _____ Phone (_____) _____
(Daytime)

Address: _____

City/Town: _____ State _____ Zip Code: _____

Date of Transfer: _____

USE OR OCCUPANCY CHANGE:

Please describe below any change in use or occupancy.

Date of Change: _____

LEASE INFORMATION

In addition to the information below, submit a copy of the lease or memorandum of agreement.

Lessor: _____ Phone: (_____) _____
(Daytime)

Lessee: _____ Phone: (_____) _____
(Daytime)

Address: _____

City/Town: _____ State _____ Zip Code: _____

Commencement date of Lease or Agreement: _____

Expiration date of Lease or Agreement: _____