



**Disabled Persons
 Homeowner Exemption**

<p>Tax Year _____</p> <p>Property Index Number(s) _____</p> <p>Property Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Township _____</p>	<p align="right">C/E Number _____</p> <p>Owner / Taxpayer _____</p> <p>Owner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Daytime Phone Number _____</p>
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Check your type of residence:

Single-family dwelling Duplex

Townhouse Condominium

Apartment Other _____

Is your residence operated as a cooperative? Yes No

Is the residence a life care facility under the Life Care Facility Act? Yes No

If "Yes" to both of the above, is the disabled person liable by contract with the owner(s) for payment of property taxes? Yes No

On January 1st, did you occupy this property as your principal residence? Yes No

On January 1st, were you the owner of record or did you have a legal or equitable interest or did you have a life care contract with a facility under the Life Care Facilities Act? Yes No

If "No", write the date you first occupied this property (if applicable). _____

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

On January 1st, were you a resident of a facility licensed under the Nursing Home Care Act? Yes No

If "Yes", was the property occupied by your spouse? Yes No

Did this property remain unoccupied? Yes No

Check the type of documentation you are attaching as proof that you are the owner of record or have a legal or equitable interest in the property.

Deed Contract for deed

Trust Agreement Life Care contract

Lease Other _____

Write the date on which the written document was executed. _____

Note: You may attach a separate sheet describing your specific factual situation. You must provide one of the specified documents listed on the back of this form as proof of your disability. See this section: "What types of documents must be provided with this form as proof of my disability?"

I state that to the best of my knowledge, the information on this application is true, correct and complete.

Signature of Owner/Lessee or Representative _____ Date _____