COOK COUNTY ASSESSOR'S OFFICE

2023 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 31**st.

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, 2023. Please legibly print the below sections

Property Index Number		Township	
Owner:	Daytime Phone: ()		
Address:	City/Town:	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 <u>leased</u> ?	Yes	No	
3) Does the owner occupy the property as			
their principal residence?	Yes	No	
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If you answered <u>Yes</u> to questions 1 or 2, you must als Information on the back of this sheet.			
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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 <u>ONLY</u> if there are any changes) <u>Please legibly print the below sections</u>

Property Index Number		_	Township
PROPERTY ADDRESS:			
CITY/TOWN:		ZIP:	
Provide the information and documenta the Property Index Number above.	tion requested below i	f applicable to	the property described b
OWNERSHIP CHANGE:			
In addition to the information below, submit do	cumentation of transfer	<u>r</u> .	
Property sold by:		Phone ((Douting)
Property sold to:			
Address:			
City/Town:	State Zip (Code:	-
Date of Transfer:			
USE OR OCCUPANCY CHANGE:			
Please describe below any change in use or occu	upancy.		
Date of Change:			
Date of Change:			
In addition to the information below, submit a <u>c</u>	opy of the lease or me	morandum of	agreement.
Lessor:	Phone: ()	
Lessee:	Phone: ((D	Paytime)
Address:		(D	Paytime)
City/Town:		Zip Code:	
Commencement date of Lease or Agreement: _			
Expiration date of Lease or Agreement:			