

**COOK COUNTY ASSESSOR'S OFFICE**

**2024 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<sup>st</sup>**.

**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 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, 2024

\_\_\_\_\_ Township  
Property Index Number

Owner: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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\_\_\_\_\_

If your answer to either of these questions is "yes" 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  
Chicago, Illinois 60602  
  
**Phone:** (312) 603-6906

**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 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)**

\_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_

Commencement date of Lease or Agreement: \_\_\_\_\_

Expiration date of Lease or Agreement: \_\_\_\_\_