## **COOK COUNTY ASSESSOR'S OFFICE**

## 2013 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>.

<u>Failure to file the required information can result in the loss of your assessment freeze</u>. Please complete this annual affidavit, have your signature notarized, <u>provide a copy of State Identification or State Driver's License</u>, and return it with any other applicable information by January 31, 2013

Property Index Number Townsl	
Owner:	Daytime Phone: ()
Address:	City/Town:
Please check one: Developer Initial owner occupant Other	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 <u>leased</u> ?	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.	
PROPERTY INDEX NUMBER ABOVE AND THAT	Γ ALL INFORMATION FILED, INCLUDI
UNDER OATH, I STATE THAT I HAVE ACCULT PROPERTY INDEX NUMBER ABOVE AND THAT LEASE OR SALES DOCUMENTS, IS TRUE, COMPLETON Owner's signature:	Γ ALL INFORMATION FILED, INCLUDING ETE, AND CORRECT.
PROPERTY INDEX NUMBER ABOVE AND THAT LEASE OR SALES DOCUMENTS, IS TRUE, COMPL	Γ ALL INFORMATION FILED, INCLUDING ETE, AND CORRECT.

**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 State Identification or State Driver's License submitted with the Affidavit.* 

## HISTORIC RESIDENCE INFORMATION (Complete this side <u>ONLY</u> if there are any changes)

Property Index Number			Township
PROPERTY ADDRESS:			
CITY/TOWN:		ZIP:	
Provide the information and docume the Property Index Number above.	entation requested below	if applicable to	the property described b
OWNERSHIP CHANGE:			
In addition to the information below, submit	documentation of transfer	<u>er</u> .	
Property sold by:		Phone (	(Daytime)
Property sold to:		Phone (	)
Address:			(Daytime)
City/Town:	Zip Code:		
Date of Transfer:			
USE OR OCCUPANCY CHANGE:			
Please describe below any change in use or o	occupancy.		
Data of Change			
Date of Change: LEASE INFORMATION			
In addition to the information below, submit	a copy of the lease or me	emorandum of	agreement.
Lessor:			
Lesson.	Phone: (	(D	aytime)
Lessee:	Filolie. (	)(D	aytime)
Address:			
City/Town:			
Commencement date of Lease or Agreement	t:		
Expiration date of Lease or Agreement:			