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

## 2019 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.

<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 the front and back of your Illinois State</u> <u>Identification Card or Illinois State Driver's License</u> bearing the address of the subject property, and return it with any other applicable information by January 31, 2019. <u>Please legibly print the below sections</u>

| Property Index Number                                    |   |                       | Township  |              |
|--|---|-----------------------|---|--------------|
| Owner:   |   | Daytime Phone: ()     |   |              |
| Address:   |   | City/Town:            |   |              |
| Zip Code:  | Email Address:  |                       |   |              |
| use or occupa  | on a change in ownership, ancy of the property?   |                       | Yes   | <del></del>  |
| ,  | ence been <u>leased</u> ?  Her occupy the property as l residence?  |                       | Yes Yes   |              |
| Information on the ba UNDER OATH, I ST. PROPERTY INDEX N | o questions 1 or 2, you must also cock of this sheet.  ATE THAT I HAVE ACCURUMBER ABOVE AND THAT CUMENTS, IS TRUE, COMPLE | ATELY LIS<br>ALL INFO | TED MY PRO  | PERTY BY THE |
| Owner's signature:                                       |   | I                     | Oate:   |              |
| Subscribed and sworn to before me this day of, 20        |   | H<br>C<br>1           | Return to:  Historic Residence Program Cook County Assessor's Office 118 North Clark Street, Room 301 Chicago, Illinois 60602 |              |
| Notary   |   | P                     | <b>Phone:</b> (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 <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 documentation the Property Index Number above. | tion requested below if  | applicable to the property described by |  |
| OWNERSHIP CHANGE:  |                          |   |  |
| In addition to the information below, submit doc                           | cumentation of transfer. |   |  |
| Property sold by:  |                          | Phone ()(Daytime)                       |  |
| Property sold to:  |                          | (Daytime)                               |  |
| Address:   |                          |   |  |
| City/Town:   | State Zip Co             | ode:                                    |  |
| Date of Transfer:  |                          |   |  |
| USE OR OCCUPANCY CHANGE:   |                          |   |  |
| Please describe below any change in use or occu                            |                          |   |  |
|  |                          |   |  |
| Date of Change:  |                          |   |  |
| LEASE INFORMATION  |                          |   |  |
| In addition to the information below, submit a co                          | opy of the lease or mem  | norandum of agreement.                  |  |
| Lessor:  |                          |   |  |
| Lessee:  | Phone: (                 | (Daytime)<br>:: ()                      |  |
| Address:   |                          | (Daytime)                               |  |
| City/Town:   | State                    | Zip Code:                               |  |
| Commencement date of Lease or Agreement: _                                 |                          |   |  |
| Expiration date of Lease or Agreement:                                     |                          |   |  |