



Certificate of Ineligibility for Model Home

Complete the following information

- 1. _____
Property Owner's Name
- _____
- Street Address of Model Home Property
- _____
- City IL Zip
- _____
- Daytime Phone Number
- _____
- e-mail

Send Notices To:

- 2. _____
Property Owner's Name
- _____
- Street Address of Mailing Address
- _____
- City IL Zip
- _____
- Daytime Phone Number
- _____
- e-mail

- 3. Write the date the property became ineligible
for the model home assessment.
- _____
- Date

- 4. Check the reasons for ineligibility
 - ___ occupied as a dwelling
 - ___ sold for use other than as a model home
 - ___ leased for use other than as a model home
 - ___ more than 3 model homes located as the same time
within a 3-mile radius
 - ___ other (specify) _____
- 5. Write the property index number (PIN) of the property
for which you received the model home assessment.
Your PIN is listed on your property tax bill or you may
obtain it from the CCAO. If you are unable to obtain
your PIN, write the legal description on Line b.
 - a. PIN ____-____-____-____-____-____
 - b. Write the legal description only if you are unable to
unable to obtain your PIN. (attach separate sheet if
needed).
- 6. Under penalties of perjury, I state that, to the best of my
knowledge, the information on this form is true, correct,
and complete.

Property owner's or authorized representative signature Date

Subscribed and sworn to before me this ____ day
of _____, _____.

Notary Public

Date

For CCAO Use Only

Comments

Date Received