



Mobile Home Permanent Address _____

SEQ NO _____

_____ LOT# _____

Mobile Home Park Name: _____

OCCUPANCY DATE: _____

KANE COUNTY MOBILE HOME REGISTRATION

OWNERS' NAME _____ Phone # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPANTS NAME _____ PHONE# _____

MOBILE HOME COACH INFORMATION

Vehicle Identification Number _____ MAKE/MODEL: _____ YEAR _____

(VIN must be provided as required by Sec. Of State)

Ownership Title No: _____

MOBILE HOME SIZE: (Outside Measurement)

Length _____ Width _____ EQUALS TOTAL SQUARE FOOTAGE _____

The Illinois Revenue Act requires each owner of an inhabited mobile home in Illinois to file this form with the County where the home is located. Any persons furnishing misinformation or failing to file this form is guilty of a Class A Misdemeanor. Also, to qualify for a Privilege Tax 20% Reduction, **YOU MUST FILL OUT THE FORM ON BACK.**

The undersigned declares under the penalty of perjury that the above statements are true and correct.

(Signature of Owner)

Birth Date

(Signature of Co-Owner)

Birth Date

APPLICATION FOR REDUCTION OF MOBILE HOME LOCAL SERVICES TAX

I hereby make application for a reduction to 80% of the total tax imposed under "An Act to provide for a privilege tax on mobile homes"

- A. _____ I actually reside in the mobile home.
- B. _____ I hold title to the mobile home as provided in the Illinois Vehicle Code.
- C. _____ I have reached the age of 65 on or before July 1 of the year in which this statement is filed. My birth date is: _____, include proof of either a copy of birth certificate or a copy of driver's license)

(TO QUALIFY FOR SENIOR DISCOUNT A, B, & C MUST ALL BE TRUE)

D. _____ I was totally disabled on _____ and remain disabled as of the date of this application. (Please complete)
TOTAL DISABILITY CLAIM # _____.

If you receive benefit checks for total disability, check the appropriate benefit:

- Social Security
- Veterans
- Railroad Retirement
- Civil Service

Please send proof: Copy of Illinois Disabled Person I.D. Card

(TO QUALIFY FOR DISABLED DISCOUNT A, B, & D MUST ALL BE TRUE)

The undersigned declares under the penalty of perjury that the above statements are true and correct.

Date: _____

(Signature of Owner)

(Address)

(City) (State) (Zip)

(Area Code and Phone Number)