



WHITESIDE COUNTY  
ANNUAL APPLICATION & RENEWAL AFFIDAVIT  
TENANT HOMESTEAD EXEMPTION

PARCEL NUMBER \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

TENANT'S NAME \_\_\_\_\_

NUMBER OF SINGLE FAMILY RESIDENCES ON THIS PROPERTY \_\_\_\_\_

**THIS ANNUAL RENEWAL AFFIDAVIT MUST BE SIGNED AND NOTARIZED BY BOTH THE OWNER OF RECORD AND THE LESSEE.**

A legible signed copy of the lease that is in force must be on file at the Supervisor of Assessments Office, containing wording similar to "Lessee is responsible for real estate taxes on subject property".

- TAX BILL MUST BE MAILED TO LESSEE AS LESSEE IS RESPONSIBLE FOR THE REAL ESTATE TAXES. OWNER & LESSEE WILL SIGN A CHANGE OF NAME FORM DIRECTING THE TAX BILL AND OTHER CORRESPONDENCE BE SENT TO THE LESSEE.
- ANNUAL APPLICATION & RENEWAL AFFIDAVIT HAS TO BE FILED BY JULY 1 OF THE ASSESSMENT YEAR. FAILURE TO DO SO WILL RESULT IN THE LOSS OF THE TENANT HOMESTEAD EXEMPTION.
- IF THE CURRENT LESSEE MOVES FROM THE ABOVE ADDRESS, THE OWNER OF RECORD MUST NOTIFY THE SUPERVISOR OF ASSESSMENTS WITHIN 30 CALENDAR DAYS.

THE UNDERSIGNED ON OATH DOES DEPOSE AND SAY THAT HE/SHE IS THE **OWNER OF RECORD**, THAT HE/SHE HAS READ THE SAME, AND THAT HE/ SHE HAS PERSONAL KNOWLEDGE OF THE CONTENTS THEROF, THAT THE SAME IS TRUE IN SUBSTANCE AND FACT, THAT HE/SHE IS SUBJECT TO PENALTY OF PERJURY FOR FALSIFICATION THERIN.

\_\_\_\_\_  
SIGNATURE OF OWNER                      PRINTED NAME                      ADDRESS

\_\_\_\_\_  
DATE    TELEPHONE NUMBER

Subscribed and sworn to Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public

THE UNDERSIGNED ON OATH DOES DEPOSE AND SAY THAT HE/SHE IS THE **LESSEE**, THAT HE/SHE HAS READ THE SAME, AND THE HE/SHE HAS PERSONAL KNOWLEDGE OF THE CONTENTS THEROF, THAT THE SAME IS TRUE IN SUBSTANCE AND FACT, THAT HE/SHE IS SUBJECT TO PENALTY OF PERJURY FOR FALSIFICATION THEREIN.

\_\_\_\_\_  
SIGNATURE OF LESSEE                      PRINTED NAME                      DATE                      TELEPHONE NUMBER

Subscribed and sworn to Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public

## Lease Addendum

Lessee \_\_\_\_\_ shall be liable for the payment of real estate taxes with respect to the residence at \_\_\_\_\_ in accordance with the terms and conditions of Section 200/15-175 of Chapter 35 Illinois Compiled Statutes, as amended (35 ILCS 200/15-175, 1994).

Lessee agrees to pay \$ \_\_\_\_\_ rent and \$ \_\_\_\_\_ each month toward Real Estate Taxes.

Combined total due every month is \$ \_\_\_\_\_.

Said annual property tax shall be based upon the most recent tax bill. Lessee shall, make application for the general homestead exemption starting on January 1, each given year.

\_\_\_\_\_  
LESSEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LESSOR/OWNER

**WHITESIDE COUNTY  
REAL ESTATE TAX BILL  
CHANGE OF TENANT NAME REQUEST FORM**

Please print the information and be sure to list the PIN number that you want this change to affect. Sign and return this form to the Supervisor of Assessments Office for the change of your tenant name. Tax bill will be sent to the name & address listed below.

Thank you

PIN NUMBER \_\_\_\_\_

New Tenant Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Landlord Signature

Tenant phone # \_\_\_\_\_

Landlord phone # \_\_\_\_\_

Return this form to: WHITESIDE COUNTY SUPERVISOR OF ASSESSMENTS  
200 EAST KNOX ST  
MORRISON, IL 61270