Kathy Michael
McLean County Clerk
Phone: (309) 888-5190
Fax: (309) 888-5932
115 E. Washington Street, Room 102
PO Box 2400
Bloomington, IL 61702-2400
www.mcleancountyil.gov/countyclerk
Email: AnnMarie.Johnson@mcleancountyil.gov

If the following application applies to you, please sign completed form and mail to the McLean County Clerk's office by **May 1st.**

Thank you,

Kathy Michael

Application for Reduction of Mobile Home Local Services Tax

_____
Printed Name of Current Owner

_____
Address

_____
City or Village **Zip**

Phone Number (_____)_____

_____-_____-_____
Mobile Home ID Number

_____
Name of Mobile Home Park

[ ] Please check box if not located in Mobile Home Park

State of Illinois
County of McLean

I hereby make application for a 20% reduction of the total tax imposed under "An act to provide for a privilege tax on mobile homes," and state as follows:

Senior Citizens

I actually reside in said mobile home, and
I hold title to the mobile home as provided in the Illinois Vehicle Code, and
I reached the age of 65 prior to January 1 of the year in which this statement is filed.
My date of birth is _____

OR

Persons with Disabilities

I actually reside in said mobile home, and
I hold title to the mobile home as provided in the Illinois Vehicle Code, and
I was Totally Disabled on _____ and have remained disabled until the date of this appication. My Social Security, Veterans, Railroad or Civil Service Total Disability Claim Number is _____

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

_____
Signature of Current Owner

_____
Date

The local services tax for owners of mobile homes who (a) are actually residing in such mobile homes, (b) hold title to such mobile home as provided in the "Illinois Vehicle Code", approved September 29, 1969, as amended, and (c) are 65 years of age or older or are disabled persons within the meaning of Section 3.14 of the "Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act" on the annual billing date shall be reduced to 80 percent of the tax provided for in Section 3 of this Act. Proof that a claimant has been issued an Illinois Disabled Person Identification Card stating that the claimant is under a Class 2 disability, as provided in Section 4A of The Illinois Identification Card Act, shall constitute proof that the person thereon named is a disabled person within the meaning of this Act. An application for reduction of the tax shall be filed with the county clerk by the individuals who are entitled to the reduction. If the application is filed after May 1, the reduction in tax shall begin with the next annual bill. Application for the reduction in tax shall be done by submitting proof that the applicant has been issued an Illinois Disabled Person Identification Card designating the applicant's disability as a Class 2 disability, or by affidavit. (35 ILCS 515/7)