



**APPLICATION FOR REDUCTION OF  
MOBILE HOME LOCAL SERVICE TAX**

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Check One:

- SENIOR CITIZEN
- My date of birth is: \_\_\_\_\_
  - I actually reside in said mobile home
  - I hold title to the mobile home as provided in the Illinois Vehicle Code
  - I reached the age of 65 on or before January 1<sup>st</sup> of the year in which this statement is filed.

- PERSONS WITH DISABILITIES
- I was totally disabled on : \_\_\_\_\_ and have remained disabled until the date of this application.
  - I actually reside in said mobile home
  - I hold title to the mobile home as provided in the Illinois Vehicle Code

My claim number is \_\_\_\_\_.

- Social Security
- Railroad
- Civil Service
- Veterans or Annual Tax Exempt (Must turn in VA benefits to qualify 35 ILCS 515/7.5)

I hereby make application for a 20% reduction of the total tax imposed under "An act to provide for local services tax on mobile homes." In support of this application, I state under oath, with the penalty of perjury, that the above information is true to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE