

St. Clair County Mobile Home Division

Application for Reduction of Mobile Home Privilege 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”.

Check all that apply

_____ I actually reside in the 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 either January of the year in which this statement is filed. My date of birth is _____.

_____ I was totally disabled on _____ and have remained disabled until the date of this application. My Social Security, Veterans’, Railroad, or Civil Service Total Disability claim number is _____.

Proof of age (Copy of Birth Certificate or State Driver’s License or ID card) **or** a Doctor’s Statement will be required for proof of age **or** disability.

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

Dated: _____

Signature of Mobile Home Owner

Mobile Home Address

City/State/Zip

Phone Number

Official Use – Do not write below this space

Date Received _____

Denied _____ Reason for Denial _____

Approved _____ PIN _____

Printed Name of Assessor’s Staff

Signature of Assessor’s Staff