## 2025 Renewal Application for Senior Citizen Assessment Freeze Exemption This renewal is for households with an annual income below \$65,000 Enter Parcel Number (PIN):

| Enter Parcei Number (   |  |                                       |
|---|--|---------------------------------------|
| Date of Birth:_   | /P   | hone #: ( )                           |
|   |  |                                       |
| Property Owner's Name & Address:  | For further instructions on completir form, use your smartphone camera scan the QR code or visit <b>Christiancountyil.gov/assessmen</b> or call (217) 824-5900 and request instruction form to be mailed to you. | app to to ts./                        |
|   |  |                                       |
| The undersigned states that no other application for hoppoperty in Illinois or any other state. To qualify for the state. |  |                                       |
| during the assessment year, own or have a legal or equ  | uitable interest in the property or  | which a single family residence is    |
| occupied as your principal residence during the assess  | ment year, and be liable for the   | payment of the property taxes.        |
| Senior Citizens Assess  | ment Freeze Income   | Information                           |
| If your spouse maintains a separate residence, has h  | ne or she applied for this exemp   | tion?YesNo                            |
| You must include the 2024 income for you, your  | spouse, and all other individua  | als who live in the household.        |
| 1. Social Security and SSI benefits. Include Medicare deductions in this total.   |  | 1                                     |
| 2. Railroad Retirement benefits. Include Medicare deductions in this total.   |  | 2                                     |
| 3. Civil Service benefits   |  | 3                                     |
| 4. Annuities, federally taxable pensions and retirement plan distributions.   |  | 4                                     |
| 5. Human Services and other governmental cash public assistance benefits  |  | 5                                     |
| <b>6.</b> Wages, salaries, and tips from work   |  | 6                                     |
| 7. Interest and dividends received  |  | 7                                     |
| 8. Net rental, farm, and business income or (loss). (See instructions for Line 8.)  |  | 8                                     |
| 9. Net capital gain or (loss). (See instructions for Line   | 9.)  | 9                                     |
| 10. Other income or (loss). (See instructions for Line 1  | 0.)  | 10                                    |
| <b>11.</b> Add Lines 1 through 10.  |  | 11                                    |
| 12. Certain subtractions. You may subtract only the rep   | orted adjustments to income fro  | m                                     |
| U.S. 1040, Schedule 1, Line 26, Subtraction Item  | Amount   |                                       |
| 12a   |  |                                       |
| 12b   |  | 12                                    |
|   |  |                                       |
| 13. Subtract Line 12 from Line 11, and write the result.  If the amount is greater than \$65,000, STOP. Y                 |  |                                       |
| Under penalties of perjury, I state that, to the best of my   |  |                                       |
| and complete. If you do not fill out the required incom   |  | e Senior Citizens Homestead Exemption |
| but you <u>will not</u> receive the Senior Citizen Assessment  Date:  | -  |                                       |
| Return application to: Christian County Supervisor  |  |                                       |

Return application to: Christian County Supervisor of Assessmen
101 S. Main St.
Taylorville, IL 62568

Please Return By: July 1, 2025
If you have any questions, please call:
(217) 824-5900