



**Part 3: Complete the Affidavit (MUST answer all questions and check all that apply).**

1. On January 1, 2019 **and** January 1, 2020 (both must apply), the property listed in Part 1, Line 1, is a permanent structure that was: *(Mark the statement that applies)*  
 Used as my principal residence, **or**  
 A residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013,  
Name of Licensed Facility \_\_\_\_\_  
Address \_\_\_\_\_ Date entering facility \_\_\_\_\_
2. On January 1, 2019 **and** January 1, 2020 (both must apply), for the property listed in Part 1, Line 1:  
 I was the owner of record for the property as evidenced by a deed; **or**  
 I was the owner of record for the property via a recorded life estate (Doc.# \_\_\_\_\_) **or**  
 I had a legal or equitable interest in the property by a written instrument (*attach copy*); **or**  
 I had a leasehold interest in the property that was used as a single-family residence (*attach copy*).
3. In 2020, either: *(Mark the statement that applies)*  
 I am or will be 65 years of age or older, **or**  
 My spouse, who died in 2020, would have been age 65 or older  
3a. The name of my deceased spouse was \_\_\_\_\_  
3b. The date of death of my deceased spouse was \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
4. Do you own any other real estate anywhere in the United States?  
 Yes; the address of the real estate is: \_\_\_\_\_  
 No, this is the only property I/we own.
5. By signing this affidavit, I certify that the income shown on Part 2, line 13, includes all income of myself, spouse (whether residing on this property or not), and all other persons using this property as a residence as of January 1, 2020.

Under penalties of perjury, I swear (or affirm) that to the best of my knowledge, the information contained in this affidavit is true, correct, and complete. I understand that the Rock Island County Supervisor of Assessments may conduct an audit to verify that I am eligible to receive this exemption.

**X**

\_\_\_\_\_  
Signature of applicant is **required**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Mail your completed form to:**  
Rock Island County Chief County Assessment Officer  
1504 3<sup>rd</sup> Avenue  
Rock Island, IL 61201

**Last date to apply:** \_\_\_\_\_  
If you have any questions, please call:  
(309) 558-3660

**PLEASE NOTE: You may also qualify for the real estate tax deferral under the Senior Citizens Real Estate Tax Deferral Act (320 ILCS 30-1). For further information on the Senior Citizens Real Estate Tax Deferral, or an application for the tax deferral, contact the ROCK ISLAND COUNTY TREASURER at (309)558-3510, or by writing to: LOUISA EWERT, TREASURER, 1504 THIRD AVENUE, ROCK ISLAND, IL, 61201.**