

**MOBILE HOME REGISTRATION/
CHANGE REQUEST**

CHAMPAIGN COUNTY CLERK
1776 E. Washington
Urbana, IL 61802
Phone (217) 384-3720

FOR OFFICE USE ONLY

MH# _____
Previous MH# _____
Date Changed _____
 Taxes paid, update information
 Taxes NOT paid, DO NOT update, add to list
 Made Tax Bill

NO INFORMATION CAN BE CHANGED UNTIL ALL TAXES ARE PAID.

TYPE OF CHANGE

____ New owner/occupant
____ New mailing address
____ Mobile Home moved within County
____ Mobile Home moved into County
____ Mobile Home moved out of County
____ Exemption
____ Destroyed

CHANGE RECEIVED FROM

____ New owner/occupant
____ Mobile Home Park via master list
____ Mobile Home Park via monthly update
____ Township Assessor

DATE YOU MOVED INTO MOBILE HOME _____

PHYSICAL ADDRESS OF MOBILE HOME _____

OWNER NAME _____ **Address** _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

OCCUPANT IF OTHER THAN OWNER _____

Home Phone _____ Work Phone _____

To whom the tax bill should be sent: OWNER OCCUPANT

If Mobile Home is located in a Mobile Home Park:

Mobile Home Park Name _____ Lot No. _____

If Mobile Home is not located in a Mobile Home Park: PIN _____

Previous owner's name _____

Previous address of mobile home _____

Coach Make _____ Year _____ Square Footage _____

Serial No. or Vehicle No. _____ Title No. _____

Is Owner over Sixty-Five and /or Disabled? No _____ Yes _____ If yes, please read and fill out form on reverse side.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____

APPLICATION FOR REDUCTION OF MOBILE HOME LOCAL SERVICES TAX
(Check One)

For Seniors and Disabled Persons - please attach a photocopy of your ID or disability letter

I hereby make application for a 20% reduction of the total tax imposed under "An Act to provide for a Local Services Tax on Mobile Homes".

1. I actually reside in the mobile home.
2. I hold title to the mobile home as provided in the Illinois Vehicle Code.
3. I reached the age of 65 on or before either January 1st of the year in which this statement is filed.
My date of birth is _____.

OR

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

For Disabled American Veterans

I Hereby make application for a 100% reduction of the total tax imposed under "An Act to provide for a Local Services Tax on Mobile Homes".

1. I actually reside in the mobile home.
2. I hold title to the mobile home as provided in the Illinois Vehicle Code.
3. I am a disabled veteran and the federal government has authorized payment for purchase or construction of specially adapted housing as set forth in the United States Code, Title 38, Chapter 21, Section 2101.

Date

Signature

Address

City/State/Zip Code