

PTAX-762 Application for Model Home Assessment

Who should complete this form?

You should complete this form to request an alternate assessment if your property is used for model home purposes. The property must be a single-family residence, townhome, or condominium, used solely as a model home for prospective buyers, and not occupied as a dwelling. The model home may contain home furnishings, appliances, offices, and office equipment to further sales activities. No more than 3 model homes can be located at the same time within a 3-mile radius, the center of each radius is the model home that has been used for the longest period of time. No model home can be used for model home purposes longer than 10 years.

When and where must I file?

You must annually file this form with the chief county assessment officer (CCAO), at the address shown below, on or before **April 30** in Cook County and **December 31** in all other counties. Failure to file in a timely manner will result in waiver of the model home assessment for that year.

Note: When any portion of this property no longer qualifies as a model home, you **must** notify the CCAO within 60 days by completing Form PTAX-762-C, Certificate of Ineligibility for Model Home Assessment.

Step 1: Complete the following information

1 _____
Property owner's name

Street address of model home property

City _____ IL _____ ZIP _____
() _____
Daytime phone

4 Write the date the property began to be used for model home purposes. _____/_____/_____

5 This model home is a Single-family residence
 Townhome
 Condominium

6 Have you applied for other model home assessments in this county? Yes No

7 Write the property index number (PIN) of the property for which you are requesting this model home assessment. Your PIN is listed on your property tax bill or you may obtain it from the CCAO. If you are unable to obtain your PIN, write the legal description on Line b.

a PIN _____ - _____ - _____ - _____

b Write the legal description only if you are unable to obtain your PIN. (attach a separate sheet if needed)

Send notice to (if different than above)

2 _____
Name

Mailing address

City _____ State _____ ZIP _____
() _____
Daytime phone

3 Write the assessment year for which you are requesting this model home assessment. _____

Step 2: Sign below

Under penalties of perjury, I state that, to the best of my knowledge, the information on this form is true, correct, and complete.

Subscribed and sworn to before me this _____ day

of _____, _____, _____.

Property owner's or authorized representative's signature Date _____/_____/_____

Notary public Date _____/_____/_____

If you have any questions, please call:

(217) 342-6711

Mail your completed Form PTAX-762 to:

Effingham _____ County Chief County Assessment Officer

101 N Fourth St Suite 400

Mailing address

Effingham

IL 62401

City

ZIP

For use by the CCAO

Date received _____/_____/_____

Approved

Denied

Decision Date _____/_____/_____

Reason for denial _____

