

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, office equipment, and offices to further sales activities. No more than 3 model homes can be located within a 3-mile radius, the center of which 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. You must file this form with the chief county assessment officer (CCAO), at the address shown below by December 31 of each assessment year. **Note:** When any portion of this property no longer qualifies as a model home, you **must** notify the CCAO by completing Form PTAX-762-C, Certificate of Ineligibility for Model Home Assessment, within 60 days.

Step 1: Complete the following information

1 _____
Property owner's name

Street address

City State Zip

(_____) _____
Phone

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

6 Have you applied for other model home assessments in this county? NO YES

7 Write the property index number (PIN) of the property for which you are requesting this model home assessment.

Send notice to (if different than above)

2 _____
Name

Mailing address

City State Zip

(_____) _____
Phone

PIN _ _ - _ _ - _ _ - _ _

Lot _____ Block _____

Subdivision Name _____

8 Write the address of the property, if different than the address in Item 1.

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

Street address _____

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

City State Zip

Step 2: Sign below

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

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

Subscribed and sworn to before me this _____ day of _____, _____.

Notary public

If you have any questions please call:
(815) 334-4276

Mail your completed Form PTAX-762 to:
**MCHENRY COUNTY
CHIEF COUNTY ASSESSMENT OFFICER
2200 N SEMINARY AVENUE
WOODSTOCK IL 60098**

For use by the CCAO (Do not write in this space)

Approved Denied

Reason for Denial _____