Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

PTAX-762-C Certificate of Ineligibility for Model Home Assessment

Who must complete this form?

You must complete this form and specify the reason for ineligibility when any portion of the model home property no longer qualifies for the alternate assessment. (See Question 4, Step 1)

When and where must I file?

You must file this form with the chief county assessment officer (CCAO) at the address shown below within 60 days of the date the property becomes ineligible.

Note: You may be required to provide additional documentation.

Step 1: Complete the following information

1 _____
Property owner's name

_____
Street address of model home property

_____IL _____
City ZIP

(_____)_____
Daytime phone

Send notice to (if different than above)

2 _____
Name

_____
Mailing address

_____
City State ZIP

(_____)_____
Daytime phone

3 Write the date the property became ineligible for the model home assessment.

____ ____/____ ____/____ ____ ____ ____

4 Check the reason for ineligibility

- ☐ occupied as a dwelling
- ☐ sold for use other than as a model home
- ☐ leased for use other than as a model home
- ☐ more than 3 model homes located at the same time within a 3-mile radius
- ☐ other (specify)_____

5 Write the property index number (PIN) of the property for which you received the 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 separate sheet if needed)

_____

_____

_____

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.

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

Subscribed and sworn to before me this _____day

of _____, ____ ____ ____ ____.

_____/____/_____
Notary public Date

If you have any questions, please call:

(217) 384-3760

Mail your completed Form PTAX-762-C to:

Champaign County Chief County Assessment Officer

102 E Main St
Mailing address

Urbana IL 61801
City ZIP

For use by the CCAO

Date received __ __/__ __/__ __ __ __

Comments _____

_____

_____

PTAX-762-C (N-09/03)

Reset Print