

# VILLAGE OF WOODRIDGE

## AFFIDAVIT

### **REINVESTMENT-REFUND REAL-ESTATE TRANSFER TAX**

State of Illinois                    }  
  }  
County of DuPage or Will        } SS

\_\_\_\_\_, being first duly sworn on oath,  
(Printed Name of Grantor or Seller)

states as follows:

1. That the sale of his or her residence was closed on or after May 19, 1996. **(Attached is a photocopy for your records of the signed closing statement showing the date of closing.)**
2. That the tax imposed by the Village of Woodridge on the transfer of title to said residence has been paid.
3. That he or she owned and occupied the residence regarding which the tax was paid, as his or her principal residence. **(Attached is a photocopy for your records of the Owners Title Policy or Certificate of Title, together with a photocopy for your records of a telephone bill for the property sold.)**
4. That he or she did not rent or lease any portion of said residence to another person or persons.
5. That he or she owns or occupies a single-family residence or condominium unit within the Village of Woodridge corporate limits and has done so within one year from the payment of the tax sought to be refunded. **(Attached is a photocopy for your records of the deed or closing statement.)**
6. That he or she owns and occupies said single-family residence or condominium unit as his/her principal residence.

Affiant further states that he or she makes this affidavit for the purpose of inducing the Village of Woodridge, DuPage, Cook, and Will Counties, Illinois, to refund the Real Estate Transfer Tax paid to the Village on the sale of his or her property at \_\_\_\_\_, Woodridge, Illinois, knowing that the Village of Woodridge relies upon the truth of the statements herein contained

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Grantor or Seller)

\_\_\_\_\_  
(Signature of Grantor or Seller)

SUBSCRIBED and SWORN to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

Please mail my refund to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_