

PTAX-343-R Annual Verification of Eligibility for Disabled Persons' Homestead Exemption

Last date to apply: ____/____/____

Read this first

To continue to receive the Disabled Persons' Homestead Exemption (DPHE), you must file Form PTAX-343-R each year with your Chief County Assessment Officer (CCAO) by your county's due date. Failure to do so may result in the termination of the exemption.

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City State ZIP

(_____) _____ - _____

Daytime phone

3 Assessment year for which you are requesting the Disabled Persons' Homestead Exemption: ____ Year

4 Write the property index number (PIN) of the property for which you receive the exemption listed on your property tax bill. You may obtain it from your 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.

2 Your date of birth: ____/____/____

Step 2: Complete your affidavit

Part 1: Check either "yes" or "no" as it applies to the property and assessment year you identified in Step 1.

- 5 Is this the only property for which you have applied for this exemption? Yes No
- 6 On January 1, were you the owner of record, or have a legal or equitable interest, or have a life care contract with a facility under the Life Care Facilities Act? Yes No
- 7 Are you liable for the payment of real estate taxes? Yes No
- 8 On January 1, did you occupy this property as your primary residence?
If "No",
- a were you a resident of a facility licensed under the Nursing Home Care Act? Yes No
- b was this property occupied by your spouse or did it remain unoccupied? Yes No

Part 2: Mark the statement to identify the proof of disability that qualifies you for the DPHE

If your proof of disability benefits has expired, terminated or switched to retirement from the prior assessment year, your CCAO may require additional documentation. If you check "e" below, you must attach your completed Form PTAX-343-A. See instructions.

- 9 a _____ Valid Class 2 or 2A Illinois Disabled Person Identification Card issued from the Illinois Secretary of State.
ID card number: _____ Issue date: ____/____/____
Class: _____ Expiration date: ____/____/____
- b _____ Social Security Administration (SSA) disability benefits — Claim no.: _____
- c _____ Veterans Administration (VA) pension for a non-service connected disability — Claim/file no.: _____
- d _____ Railroad or Civil Service disability benefits for total (100%) disability — Claim/file no.: _____
- e _____ Form PTAX-343-A, Physician's Statement for Disabled Persons' Homestead Exemption.

Step 3: Sign below

I state under penalties of perjury 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

