PTAX-763

Application and Affidavit for Veterans Organization Assessment Freeze

Step 1: Complete the following information

Please type or print

1 _____
Name of veterans organization

_____
Street address of veterans organization's property

_____
Mailing address, if different than above

_____
City State ZIP

_____ (_____)_____
Name of contact person Phone

2 Write the property index number (PIN) of the property for which you are requesting this assessment freeze. Your PIN is listed on your property tax bill or you may obtain it from the CCAO.

a PIN _____

b Write the legal description **only** if you are unable to obtain your PIN._____
_____
_____

3 Write the assessment year for which you are applying. **3** __ __ __ __

4 Is this the first time you are applying for this assessment freeze? ☐ Yes ☐ No

help If yes, please see the instructions for what attachments you must send, along with this form.

5 Are you renewing this assessment freeze and **have no changes** to report for this assessment year? ☐ Yes ☐ No

help If yes, the chief presiding officer only needs to complete Step 1, sign this form, and have it notarized before filing with the CCAO.

6 Are you renewing this assessment freeze and **have changes** to report for this assessment year? ☐ Yes ☐ No

help If yes, the chief presiding officer needs to complete Step 1, any lines in Step 2 that have changed, sign this form, and have it notarized before filing with the CCAO. See "How do I renew the assessment freeze?" for what you may need to attach.

Step 2: Complete this affidavit

7 Did your organization own or have a legal or equitable ownership interest in the property on January 1 of this assessment year? ☐ Yes ☐ No

If yes, check and complete the appropriate line below.

☐ **a** Deed or contract for deed executed __ __/__ __/__ __ __ __
Month Day Year

☐ **b** Other (specify) __ __/__ __/__ __ __ __
Month Day Year
_____

8 Is your organization liable for the property taxes on the property for this assessment year? ☐ Yes ☐ No

9 Is the principal post, camp, or chapter located on this property? ☐ Yes ☐ No

10 Does your organization lease any of the property to another person or entity not qualified to receive this assessment freeze? ☐ Yes ☐ No

If yes, you must attach a copy of the lease.

11 Write the dimensions or acreage of the property._____

12 Describe your organization's activities that take place on this property._____
_____

13 Write for each building on the property, the square feet of ground area (SFGA), number of stories, and if there is a basement.

	SFGA	No. of stories	Basement Y or N
a Bldg. 1	_____	_____	_____
b Bldg. 2	_____	_____	_____
c Bldg. 3	_____	_____	_____

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

_____/____/____
Signature of chief presiding officer Date

Subscribed and sworn to before me this _____ day of _____, 20____.

_____
Notary public

Form PTAX-763 Instructions

What is the Veterans Organization Assessment Freeze?

The veterans organization assessment freeze (35 ILCS 200/10-300) allows qualified veterans organizations (chartered under federal law) to elect to freeze the assessed value (AV) of the real property it owns and on which is located the principal building for the post, camp, or chapter. The AV is frozen by the chief county assessment officer (CCAO) at 15 percent of the 1999 AV for the property that qualified in tax year 2000, OR 15 percent of the AV for the property for the tax year that the property first qualifies after tax year 2000.

Any improvements or additions that are made to the property that increase the AV of the property also are frozen at 15 percent of the AV of the improvement or addition in the year first assessed.

Who qualifies for the assessment freeze?

To qualify, a veterans organization must be chartered under federal law and own and use the real property on which is located the principal building for the post, camp, or chapter.

How do I apply for the assessment freeze for the first time?

The veterans organization's chief presiding officer should complete and sign this Form PTAX-763, to apply for the assessment freeze. You must have the form notarized and attach supporting documentation. See "What do I need to attach to Form PTAX-763?".

How do I renew the assessment freeze?

If you are renewing this assessment freeze and **have no changes** to report for this assessment year, the chief presiding officer only needs to complete Step 1, sign the form, and have it notarized before filing it with the CCAO.

If you are renewing this assessment freeze and **have changes** to report for this assessment year, you must complete Step 1, any lines in Step 2 that have changed, sign the form, and have it notarized before filing with the CCAO. In addition, you must attach documentation explaining the change. Some examples of changes you should report include

- additions or improvements
- change in name of veterans organization
- conveyance of property
- destruction or removal of improvements
- leasing of property

What do I need to attach to Form PTAX-763?

You **must attach copies** of the following to your Form PTAX-763:

- Your organization's congressional charter;
- Your organization's articles of incorporation; and
- Proof of ownership or other legal or equitable interest in the property, such as a deed, contract for deed, or trust document.

When should I file Form PTAX-763?

For all counties but Cook County: You must file this Form PTAX-763, with your CCAO by December 31 of the assessment year for which you are applying.

For Cook County: You must file this Form PTAX-763, with the Cook County Assessor by January 31 of the assessment year for which you are applying.

What if I need additional assistance?

If you need additional assistance, please contact your CCAO, whose address and phone number are below.

Where do I mail my completed Form PTAX-763?

Mail your completed Form PTAX-763 to:

_WILL_____ County CCAO

_302 North Chicago Street, 2nd Floor_____
Mailing address

_Joliet_____ IL 60432____
City ZIP

If you have any questions, please call: **Gail Kaiser**

(_815__)__740-4718_____