**PTAX-343 Application for Disabled Persons’ Homestead Exemption**

**Step 1: Complete the following information**

1. Property owner’s name
   ________________________________________________
2. Street address of homestead property
   __________________________________________________
3. City State ZIP
   __________________________________________________
4. Daytime phone
   (_______)________________________________________
5. Send notice to (if different than above)
   __________________________________________________
6. Name
   __________________________________________________
7. Mailing address
   _________________________________________________
8. City State ZIP
   __________________________________________________
9. Daytime phone
   (_______)________________________________________
10. Provide your date of birth: ___ ___/___ ___/___ ___ ___ ___
11. Write the creation year for which you are requesting the
    disabled persons’ homestead exemption. ___ ___ ___ ___
12. Write the property index number (PIN) of the property
    for which you are filing this form. Your PIN is listed on
    your property tax bill or you may obtain it from your Chief
    County Assessment Officer (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.)
       _____________________________________________
       _____________________________________________
       _____________________________________________
13. Did you receive the disabled persons’ homestead exemption
    on this property for the prior assessment year? □ Yes □ No

**Step 2: Complete eligibility information**

7. Check your type of residence.
   □ Single-family dwelling □ Duplex
   □ Townhouse □ Condominium
   □ Apartment □ Other _______________________

a. Is the residence operated as a cooperative? □ Yes □ No
b. Is the residence a life care facility under the Life Care Facilities Act?
   □ Yes □ No

If “YES” to a or b above, is the disabled person liable by contract with the owner(s)
   for payment of property taxes? □ Yes □ No

8. On January 1, were you the owner of record or did you have a legal or equitable interest
   in this property? □ Yes □ No
     a. If “NO”, write the date you acquired an interest
        in this property. ___ ___/___ ___/___ ___ ___ ___

9. On January 1, did you occupy this property as your principal residence? □ Yes □ No
10. On January 1, were you a resident of a facility licensed under the Nursing Home Care Act?
    □ Yes □ No

If “YES”,
   a. was this property occupied by your spouse? □ Yes □ No
   b. did this property remain unoccupied? □ Yes □ No

11. On January 1, were you liable for the payment of real estate taxes on this property? □ Yes □ No

**Note**: You may attach a separate sheet describing your specific factual situation. You **must provide the documents** listed on the back of this form as proof of your disability. See the section “What documentation is required?” on the back of this Form.

**Step 3: Attach proof of ownership**

12. Check the type of documentation you are attaching as proof that you are the owner of record or have a legal or equitable interest in this property.
    □ Deed □ Contract for deed
    □ Trust agreement □ Life care contract
    □ Lease □ Other written instrument
   (specify) _______________________

13. Write the date the written instrument was executed. ___ ___/___ ___/___ ___ ___ ___

**Step 4: Sign below**

I state that to the best of my knowledge, the information on this application is true, correct, and complete.

Property owner’s or authorized representative’s signature __________________________________________

Month ___ Day ___ Year ________________________________
What is the Disabled Persons’ Homestead Exemption?
The Disabled Persons’ Homestead Exemption (35 ILCS 200/15-168) provides an annual $2,000 reduction in the equalized assessed value (EAV) of the property owned and occupied as the primary residence on January 1 of the assessment year by a disabled person who is liable for the payment of property taxes.

Who is eligible?
To qualify for this exemption you must:
- be disabled or have become disabled during the assessment year (i.e., cannot participate in any “substantial gainful activity by reason of a medically determinable physical or mental impairment” which will result in the person’s death or that will last for at least 12 continuous months),
- own or have a legal or equitable interest in the land on which a single-family residence is situated,
- occupy the property as your primary residence on January 1 of the assessment year, and
- be liable for the payment of the property taxes.

If you previously received a disabled persons’ homestead exemption and now reside in a facility licensed under the Nursing Home Care Act (210 ILCS 45/1 et. seq.), you are still eligible to receive this exemption provided:
- your property is occupied by your spouse, or
- your property remains unoccupied during the assessment year.

Residents of a cooperative apartment building or life care facility as defined under Section 2 of the Life Care Facilities Act (210 ILCS 40/1 et. seq.) qualify to receive this exemption provided the:
- property is occupied as the primary residence by a disabled person,
- disabled person is liable by contract with the owner(s) of record for the payment of the apportioned property taxes on the property, and
- disabled person is an owner of record of a legal or equitable interest in the cooperative apartment building.

Note: A resident of a cooperative apartment building who has a leasehold interest does not qualify for this exemption.

What documentation is required?
You must provide one of the following to qualify for this exemption. The proof of disability must be the same year as the assessment year shown on Line 3 of this application.

1 A Class 2 Illinois Disabled Person Identification Card from the Illinois Secretary of State’s Office. Class 2 or Class 2A qualifies for this exemption.

Note: Class 1 or 1A does not qualify.

2 Proof of Social Security Administration disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only Form SSA-4926-SM-DI).

If you are under the age of 65 receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (SSA-L8151, SSA-L8155, or SSA-L8156).

3 Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.

4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

5 If you are unable to provide proof of your disability as listed in Items 1 through 4, you must submit Form PTAX 343-A, Physician’s Statement for Proof of Disability to your Chief County Assessment Officer (CCAO). This Form must be completed by a physician. The CCAO may require you to provide additional documentation.

Note: You may also be required to be re-examined by an IDOR designated physician. You will be responsible for any costs incurred for your examination by any physician.

Can I estimate the amount of my exemption?
Yes. Multiply the $2,000 reduction in EAV by the total tax rate shown on your most recent property tax bill.

Example: $2,000 EAV X 7% = $140 estimated exemption

When will I receive my exemption?
The year you apply for this exemption is referred to as the assessment year. The County Board of Review while in session for the assessment year has the final authority to grant your exemption. If your exemption is granted, it will be applied to the property tax bills that are paid the year following the assessment year.

When and where must I file this Form PTAX-343?
Contact your CCAO at the telephone number or address below for assistance and to verify the your county’s due date.

Note: To continue to receive this exemption, you must file Form PTAX-343-V, Annual Verification of Eligibility for the Disabled Persons’ Homestead Exemption, each year with your CCAO.

File or mail your completed Form PTAX-343:
__Supervisor of Assessments, Will__________ County, CCAO__
__302 North Chicago Street, 2nd Floor__
Mailing address _____________ _____________
City____________________ ZIP_________

If you have any questions, please call: (815) 740-4648

Can I designate another person to receive a property tax delinquency notice for my property?
Yes. Contact your CCAO for information on how to designate another person to receive a duplicate of a property tax delinquency notice for your property.

Are there other homestead exemptions available for disabled persons or disabled veterans?
Yes. However, only one of the following disabled homestead exemptions may be claimed on your property for a single assessment year:

- Disabled Veterans’ Homestead Exemption - up to a $70,000 reduction in assessed value for federally-approved specially adapted housing (35 ILCS 200/15-165)

- Disabled Persons’ Homestead Exemption - annual $2,000 reduction in property’s EAV (35 ILCS 200/15-168)

- Disabled Veterans’ Standard Homestead Exemption - annual $2,500 or $5,000 reduction in property’s EAV (35 ILCS 200/15-169)

Official use. Do not write in this space.

Date received
Verify Proof of Disability: 1 2 3 4 5
Expiration date: 1 2 3 4 5
Comments:

Board of Review action date
Month/ Day/ Year
Approved Denied
Reason for denial

PTAX-343 Back (R-01/08)