



**WILL COUNTY  
SUPERVISOR OF ASSESSMENTS**

**Will County Office Building  
302 N. Chicago Street, Joliet, IL 60432**

**Rhonda R. Novak, CIAO/I  
Chief County Assessment Officer**

**Office: (815) 740-4648  
Fax: (815) 740-4696**

**MEMORANDUM**

**TO: Senior Citizen Applicant**

**RE: FIRST TIME APPLICATION FOR  
SENIOR CITIZEN HOMESTEAD EXEMPTION**

**To file for a Sr. Citizen Homestead Exemption, please provide ONE  
of the following materials:**

1. Copy of Illinois Driver's License
2. Copy of Illinois I.D.
3. Copy of Birth Certificate

- Remember that a signature and date signed are required on the application.
- All documents and applications must be mailed or brought to our office. No fax or E-mail documentation is allowed. Thank you for your cooperation with this matter.

# PTAX-324 Application for Senior Citizens Homestead Exemption

## Step 1: Complete the following information

**1** \_\_\_\_\_  
 Property owner's name

\_\_\_\_\_  
 Street address of homestead property

\_\_\_\_\_  
 City State ZIP

(\_\_\_\_\_) \_\_\_\_\_  
 Daytime phone Email address

**4** Enter the assessment year for which you are requesting the senior citizens homestead exemption. Year \_\_\_\_\_

**5** Enter the property index number (PIN) of the property for which you are requesting the senior citizens homestead exemption. Your PIN is listed on your property tax bill or you may obtain it from the chief county assessment officer (CCAO). If you are unable to obtain your PIN, enter the legal description on Line b.

**a** PIN \_\_\_\_\_

**b** Enter the legal description **only** if you are unable to obtain your PIN. (Attach separate sheet if needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send notice to (if different than above)

**2** \_\_\_\_\_  
 Name

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_  
 City State ZIP

(\_\_\_\_\_) \_\_\_\_\_  
 Daytime phone Email address

**6** Have you previously received a senior citizens homestead exemption on this property?  Yes  No

**3** Enter your date of birth. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year  
*\*Proof of age required. See General Information.*

## Step 2: Complete eligibility information

**7** Check your type of residence.

<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Duplex
<input type="checkbox"/> Townhome	<input type="checkbox"/> Condominium
<input type="checkbox"/> Apartment	<input type="checkbox"/> 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

**8** On January 1 were you the owner of record or did you have a legal or equitable interest in this property or did you have a life care contract with a facility under the Life Care Facilities Act?  Yes  No

• If No, enter the date you acquired an interest in this property. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**9** On January 1 did you occupy this property as your principal residence?  Yes  No

• If No, enter the date you first occupied this property. (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**10** On January 1 were you a resident of a facility licensed under the Assisted Living & Shared Housing Act, Nursing Home Care Act, ID/DD Community Care Act, MC/DD Act or Specialized Mental Health Rehabilitation Act of 2013?  Yes  No

If Yes,

**a** enter the name and address of the facility.

\_\_\_\_\_  
 \_\_\_\_\_

**b** was this property occupied by your spouse, who is 65 years of age or older?  Yes  No

If "Yes", spouse's date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**c** 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

## 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 the property.

<input type="checkbox"/> Deed	<input type="checkbox"/> Contract for deed
<input type="checkbox"/> Trust agreement	<input type="checkbox"/> Life care contract
<input type="checkbox"/> Lease	<input type="checkbox"/> Other written instrument (specify) _____

**13** Enter the date the written instrument was executed. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

**14** If known, enter the date recorded and the document number.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_  
 Month Day Year      Document number

## 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

# Form PTAX-324 General Information

## What is the Senior Citizens Homestead Exemption?

The senior citizens homestead exemption (35 ILCS 200/15-170) provides for an annual \$5,000 (\$8,000 in Cook County) reduction in the equalized assessed value of the property that you

- own or have a leasehold interest in,
- occupy as your principal residence during the assessment year, and
- are liable for the payment of property taxes.

**Note:** You may receive a pro-rata senior citizens homestead exemption if property is first occupied as your principal residence after January 1 of any assessment year.

## Who is eligible?

To qualify for the senior citizens homestead exemption you must

- be 65 years of age or older during the assessment year,
- own or have a legal or equitable interest in the property on which a single family residence is occupied as your principal residence during the assessment year, and
- be liable for the payment of the property taxes.

If you previously received a senior citizens homestead exemption and now reside in a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or ID/DD (intellectually disabled/developmentally disabled) Community Care Act of 2013, MC/DD (Medically Complex for the Developmentally Disabled) Act, or Specialized Mental Health Rehabilitation Act, you are still eligible to receive this exemption **provided**

- your property is occupied by your spouse, who is 65 years of age or older, or
- your property remains unoccupied during the assessment year.

A resident of a cooperative apartment building qualifies for this exemption if the resident is the owner of record of a legal

or equitable interest in the property, occupies it as a principal residence, and is liable by contract for the payment of property taxes.

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

A resident of a life care facility qualifies for this exemption if the resident has a life care contract with the owner of the facility and is liable for the payment of property taxes as required under the Life Care Facilities Act (210 ILCS 40/1 *et. seq.*).

## When and where must I file?

Contact your chief county assessment officer (CCAO) at the address and telephone number shown below to verify any due date for filing this application in your county.

File this form with the CCAO at the address shown below. Once approved to receive this exemption, you may be required to file Form PTAX-329, Certificate of Status-Senior Citizens Homestead Exemption, annually if your CCAO requires such verification.

**Note:** You may be required to provide additional documentation.

## \*What support do I need to provide with this application?

You must provide a valid birth certificate, state-issued driver's license, or state-issued identification card to verify your age.

## What if I need additional assistance?

If you need additional assistance with this form, please contact your CCAO.

**Note:** Contact your CCAO for information on how you designate another person to receive a duplicate of a property tax delinquency notice for your property.

## If you have any questions, please call:

( 815 ) 740-4648

## Mail your completed Form PTAX-324 to:

WILL County Chief County Assessment Officer

302 N CHICAGO STREET

Mailing address

JOLIET

City

IL 60432

ZIP

## Official use. Do not write in this space.

### Date received

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Denied

Reason for denial

Approved — Full Year

Approved — Pro-rata

Pro-rata exemption date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Board of Review action date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year