

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
IL

(_____) _____
Daytime phone Email address

Send notice to (if different than above)

2 _____
Name

Mailing address

City State ZIP

(_____) _____
Daytime phone Email address

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

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.)

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

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