

PTAX-342-R Annual Verification of Eligibility for Standard Homestead Exemption for Veterans with Disabilities

Read this first

To continue to receive the Standard Homestead Exemption for Veterans with Disabilities (SHEVD), you must file Form PTAX-342-R each year with your Chief County Assessment Officer (CCAO). Failure to do so may result in the termination of the exemption. Your service-connected disability must be certified by the U.S. Department of Veterans' Affairs.

Note: Only an **un-remarried**, surviving spouse of a veteran killed in the line of duty, or a veteran with a disability who previously received the SHEVD can continue to receive the SHEVD provided the spouse has legal or beneficial title to the residential property. A surviving spouse that remarries no longer qualifies for the SHEVD.

Last date to apply: ____/____/____

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City

IL
State

ZIP

(_____) _____
Daytime phone Email address

4 Did you receive the SHEVD for the prior assessment year on this property? Yes No

If "Yes," check the amount of the SHEVD.

\$2,500 EAV reduction

\$5,000 EAV reduction

Property tax exempt residence

5 Enter 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 Enter the legal description only if you are unable to obtain your PIN. Attach a separate sheet if needed.

6 Have you received this exemption at another address? Yes No

If yes, please list the address:

Mailing address

City

IL
State

ZIP

- 2** Check **one** statement that applies.
- a** _____ Veteran with a disability who currently has a service-connected disability of 30% or more but less than 50%.
- b** _____ Veteran with a disability who currently has a service-connected disability of 50% or more but less than 70%.
- c** _____ Veteran with a disability who currently has a service-connected disability of 70% or more. If this is an increase from the prior year, you must submit documentation verifying the increase.
- d** _____ **Un-remarried**, surviving spouse who previously received the SHEVD.

3 Assessment year for which you are requesting the SHEVD: Year ____

Step 2: Complete the following as it applies to the property and assessment year you identified in Step 1

7 Is this the only property for which you have applied for a homestead exemption? Yes No

8 On January 1, were you the owner of the property? Yes No

If "No," on January 1 did you lease the property? Yes No

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

If "No," complete Lines a and b.

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

10 On January 1, were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs? Yes No

If "Yes," complete Lines a through c.

a Enter the name and address of the facility.

b Was your property occupied by your spouse? Yes No

c Did your property remain unoccupied? Yes No

11 Is any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? Yes No

12 Are you liable for the payment of real estate taxes? Yes No

Step 3: Sign below

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

Property owner's or authorized representative's signature

_____/_____/_____
Month Day Year