

PTAX-343-R Annual Verification of Eligibility for the Homestead Exemption for Persons with Disabilities (HEPD)

Last date to apply: ____/____/____

Read this first

To continue to receive the HEPD, you must file Form PTAX-343-R each year with your Chief County Assessment Officer (CCAO) by your county's due date. Failure to do so may result in the termination of the exemption.

Step 1: Complete the following information

- 1 _____
Property owner's name
- _____ Street address of homestead property
- _____ City _____ IL _____ State ZIP
- (____) _____ - _____ Daytime phone Email address
- 2 Your date of birth: ____/____/____
- 3 Assessment year for which you are requesting this exemption: _____
Year
- 4 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, attach a copy of the legal description.
- a PIN _____

Step 2: Complete your affidavit

Part 1: Check either "yes" or "no" as it applies to the property and assessment year you identified in Step 1.

- 5 Is this the only property for which you have applied for this exemption? Yes No
- 6 On January 1, were you the owner of record, or have a legal or equitable interest, or have a life care contract with a facility under the Life Care Facilities Act? Yes No
- 7 Are you liable for the payment of real estate taxes? Yes No
- 8 On January 1, did you occupy this property as your primary residence? Yes No
- 9 On January 1, were you a resident of a facility licensed under the ID/DD (intellectually disabled/developmentally disabled) Community Care Act, Nursing Home Care Act, Specialized Mental Health Rehabilitation Act of 2013, or MC/DD (Medically Complex for the Developmentally Disabled) Act? Yes No
- If Yes,
- a enter the name and address of the facility.

- b was this property occupied by your spouse or did it remain unoccupied? Yes No

Part 2: Mark the statement to identify the proof of disability that qualifies you for the HEPD

If your proof of disability benefits has expired, terminated or switched to retirement from the prior assessment year, your CCAO may require additional documentation. If you check "e" below, you must attach your completed Form PTAX-343-A. See instructions.

- 10 a _____ Valid Class 2 or 2A Illinois Disabled Person Identification Card issued from the Illinois Secretary of State.
ID card number: _____ Issue date: ____/____/____
Class: _____ Expiration date: ____/____/____
- b _____ Social Security Administration (SSA) disability benefits — Claim no.: _____
- c _____ Veterans Administration (VA) pension for a non-service connected disability — Claim/file no.: _____
- d _____ Railroad or Civil Service disability benefits for total (100%) disability — Claim/file no.: _____
- e _____ Form PTAX-343-A, Physician's Statement for the Homestead Exemption for Persons with Disabilities.

Step 3: Sign below

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

Property owner's or authorized representative's signature Date

This form is authorized in accordance with the Illinois Property Tax Code. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.