

PTAX-343 Application for the Homestead Exemption for Persons with Disabilities

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

_____ IL _____
City State ZIP

(_____) _____ - _____
Daytime phone Email address

Send notice to (if different than above)

2 _____
Name

Mailing address

_____ IL _____
City State ZIP

(_____) _____ - _____
Daytime phone Email address

3 Provide your date of birth: _____ / _____ / _____
Month Day Year

4 Enter the assessment year for which you are requesting this exemption: _____
Year

5 Enter 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, attach a copy of the legal description.

a PIN _____

6 Did you receive this exemption on this property in the prior assessment year? Yes No

Step 2: Complete eligibility information

7 Check your type of residence.

Single-family dwelling Duplex
 Townhouse Condominium
 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

c If **Yes** to a or b above, is the person with the disability 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 **or** did you have a life care contract with a facility under the Life Care Facilities Act? Yes No

a If **No**, enter when you acquired interest in this property: _____ / _____ / _____
Month Day Year

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 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? Yes No

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

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 documentation you are **attaching** as proof you are the owner of record or have legal or equitable interest in the property.

Deed Contract for deed
 Trust agreement Life care contract
 Lease Other written instrument

Specify: _____

13 Enter the date the written instrument was executed: _____ / _____ / _____
Month Day Year

14 If known, enter the date recorded and document number from the county records.

_____ / _____ / _____ Document number
Month Day Year

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