

PTAX-343 Application for Disabled Persons' Homestead Exemption

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City IL _____
State ZIP

(_____) - _____
Daytime phone

Send notice to (if different than above)

2 _____
Name

Mailing address

City State ZIP

(_____) - _____
Daytime phone

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

4 Write the assessment year you are requesting the Disabled Persons' Homestead Exemption (DPHE). _____
Year

5 Write 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 the DPHE on this property for 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 disabled person 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**, write 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 MR/DD (mentally retarded/developmentally disabled) Community Care Act or the Nursing Home Care Act? Yes No

If **Yes**,
a write 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 Write the date the written instrument was executed: _____
Month Day Year

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

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-343 General Information

What is the Disabled Persons' Homestead Exemption?

The Disabled Persons' Homestead Exemption (DPHE) (35 ILCS 200/15-168) provides an annual \$2,000 reduction in the equalized assessed value (EAV) of the property owned and occupied as the primary residence on January 1 of the assessment year by a disabled person who is liable for the payment of property taxes.

Who is eligible?

To qualify for the DPHE you must

- be disabled or have become disabled during the assessment year (*i.e.*, cannot participate in any "substantial gainful activity by reason of a medically determinable physical or mental impairment" which will result in the person's death or that will last for at least 12 continuous months),
- own or have a legal or equitable interest in the property on which a single-family residence is occupied as your primary residence on January 1 of the assessment year, and
- be liable for the payment of the property taxes.

If you previously received the DPHE and now reside in a facility licensed under the MR/DD (mentally retarded /developmentally disabled) Community Care Act or the Nursing Home Care Act, you are still eligible to receive the DPHE provided your property

- is occupied by your spouse; or
- remains unoccupied during the assessment year.

If you are a resident of a cooperative apartment building or life care facility as defined under Section 2 of the Life Care Facilities Act you are still eligible to receive the DPHE provided you occupy the property as your primary residence and you are

- liable by contract with the owner(s) of record for the payment of the apportioned property taxes on the property; and
- an owner of record of a legal or equitable interest in the cooperative apartment building. Leasehold interest **does not** qualify for this exemption.

What documentation is required?

You must provide **one** of the following items to qualify for the DPHE. The proof of disability must be for the **same year as the assessment year** shown on Line 3 of this application.

- 1 A Class 2 Illinois Disabled Person Identification Card from the Illinois Secretary of State's Office. Class 2 or Class 2A qualifies for this exemption. Class 1 or 1A does **not** qualify.
- 2 Proof of Social Security Administration disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI). If you are under the age of 65 receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (COLA Forms SSA-L8151, SSA-L8155, or SSA-L8156).
- 3 Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.

4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

5 If you are unable to provide any of the items listed above as proof of your disability each year, you must submit Form PTAX 343-A, Physician's Statement for Disabled Persons' Homestead Exemption to your Chief County Assessment Officer (CCAO). This form must be completed by a physician. You may be required to provide additional documentation. **You are responsible for any physicians' costs.**

Can I estimate the amount of my exemption?

Yes. Multiply the \$2,000 reduction in EAV by the total tax rate shown on your most recent property tax bill.

Example: \$2,000 EAV X 7% = \$140 estimated exemption

When will I receive my exemption?

The year you apply for this exemption is referred to as the assessment year. The County Board of Review while in session for the assessment year has the final authority to grant your exemption. If your exemption is granted, it will be applied to the property tax bills that are paid the year following the assessment year.

When and where must I file this Form PTAX-343?

Contact your CCAO at the telephone number or address below for assistance and to verify your county's due date.

Note: To continue to receive this exemption, you must file Form PTAX-343-R, Annual Verification of Eligibility for Disabled Persons' Homestead Exemption, each year with your CCAO.

File or mail your completed Form PTAX-343:

_____ County, CCAO

_____ Mailing address

_____ **IL** _____
City ZIP

If you have any questions, please call: (____) _____

Can I designate another person to receive a property tax delinquency notice for my property?

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

Are there other homestead exemptions available for disabled persons or disabled veterans?

Yes. However, only one of the following disabled homestead exemptions may be claimed on your property for a single assessment year

- Disabled Veterans' Homestead Exemption
- Disabled Persons' Homestead Exemption
- Disabled Veterans' Standard Homestead Exemption

Official use. Do not write in this space.

Date received: ____/____/____

Board of review action date: ____/____/____

Verify Proof of Disability: 1 2 3 4 5

Approved Denied

Expiration date: ____/____/____

Reason for denial _____