

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 Write the assessment year for which you are requesting the disabled persons' homestead exemption. Year _____

4 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 the chief county assessment officer (CCAO). If you are unable to obtain your PIN, write the legal description on Line b.

a PIN _____

b Write the legal description only if you are unable to obtain your PIN. (Attach a separate sheet if needed.)

5 Did you receive the disabled persons' homestead exemption on this property for the prior assessment year? Yes No

Step 2: Complete eligibility information

6 Check your type of residence.
 Single-family dwelling Duplex
 Townhouse Condominium
 Apartment 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

7 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 the date you acquired an interest in this property. _____
 Month / Day / Year

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

9 On January 1, were you a resident of a facility licensed under the Nursing Home Care Act? Yes No

If YES,

a was this property occupied by your spouse? Yes No

b did this property remain unoccupied? Yes No

10 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 types of documents must be provided with this form as proof of my disability?".

Step 3: Attach proof of ownership

11 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.

Deed Contract for deed
 Trust agreement Life care contract
 Lease Other written instrument (specify) _____

13 Is the instrument recorded? Yes No

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

Date recorded _____
 Month / Day / Year

Recorded document number _____

12 Write the date the written instrument was executed. _____
 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

