PTAX-343-R  Annual Verification of Eligibility for Disabled Persons’ Homestead Exemption

Last date to apply: __ ___/ ___ ___/ ___ ___ ___

Read this first
To continue to receive the Disabled Persons’ Homestead Exemption (DPHE), 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 __________________________________________

2 Your date of birth: __ ___/ ___ ___/ ___ ___ ___

3 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 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 __ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Daytime phone ____________________________

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 MR/DD (mentally retarded/developmentally disabled) Community Care Act or 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 or did it remain unoccupied? [ ] Yes [ ] No

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

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 Disabled Persons’ Homestead Exemption.

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 __ ___/ ___ ___/ ___ ___ ___

PTAX-343-R (R-12/09)  IL-492-4536
Form PTAX-343-R

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 (210 ILCS 40/1 et. seq.) 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?
Your Chief County Assessment Officer (CCAO) may request you to provide documentation as proof of your disability to continue to qualify for the DPHE. You must provide documentation if your proof of disability has changed or expired from the prior year, including Social Security Administration’s disability benefits that switched over to retirement benefits. The proof of disability must be for the same year as the assessment year shown on Line 3 of this application.

If you are unable to provide any of the items listed below as proof of your disability, you must resubmit Form PTAX 343-A, Physician’s Statement for Disabled Persons’ Homestead Exemption, each year to your CCAO. This form must be completed by a physician. You are responsible for any physicians’ costs.

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.

Official use. Do not write in this space.

Date received: __/__/____

Verify Proof of Disability: □ 1 □ 2 □ 3 □ 4 □ 343-A

Expiration date: __/__/____

Comments: ________________________________

Board of review action date: __/__/____

☐ Approved ☐ Denied

Reason for denial: ________________________________

PTAX-343-R (R-12/09)