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
City IL State ZIP
Daytime phone Email address

Send notice to (if different than above)

2. Name

Mailing address
City State ZIP
Daytime phone Email address

3. Provide your date of birth: / / 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: / / 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

   a. If Yes, 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: / / Year

14. If known, enter 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: / / Year

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.

PTAX-343 (R-08/15)