

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

On January 1 _____ the property identified in Part 2, Line 1, was improved with a permanent structure

a _____ that I used as my principal residence.

b _____ for which I received this exemption previously and is either unoccupied or used as my spouse's principal residence. I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013.

Name of facility _____

Mailing address _____

2 (Mark the statement that applies.)

On January 1 _____ I

a _____ was the owner of record of the property identified in Part 2, Line 1

b _____ had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1

c _____ had a leasehold interest in the property identified in Part 2, Line 1, that was used as a single-family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1

Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2015.

4 (Mark the statement that applies.)

a _____ In _____ I am, or will be, 65 years of age or older.

b _____ In _____ my spouse, who died in 2016, would have been 65 years of age or older. (Complete the following information.)

Deceased spouse's name _____

Tax ID number _____

_____/_____/_____
Date of birth (month, day, year)

_____/_____/_____
Date of death (month, day, year)

5 The property identified in Part 2, Line 1, is the only property for which I am applying for a senior citizens assessment freeze homestead exemption for

6 The amount reported in Part 3, Line 13, of this form includes the income of my spouse and all persons living in my household and the total household income for _____ is \$55,000 or less.

7 On January 1 _____ the following individuals also used the property identified in Part 2, Line 1 for their principal residence. My spouse is included if he or she used the property as his or her principal dwelling place on January 1 2016. The total income of all individuals and my spouse (regardless of his or her principal residence) are included in Part 3. (Attach an additional sheet if necessary.)

First and last name

Tax ID number

a _____
b _____

8 (Mark the statement that applies.)

On January 1 2016, I was

a _____ single, widow(er), or divorced. **b** _____ married and living together. **c** _____ married, but not living together.

My spouse's name and address is

First name _____

MI _____

Last name _____

Street Address _____

City _____

State _____

ZIP _____

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

Signature of applicant _____

Date (month, day, year) _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Notary public _____

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.



Mail your completed Form PTAX-340 to:

Jackson _____ Co. Chief County Assessment Officer

20 South 10th St

Mailing address _____

IL 62966

City _____

ZIP _____

If you have any questions, please call:

(_____) _____

Last date to apply _____

Month Day Year