

# PTAX-340 2025 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Last date to apply: DECEMBER 31, 2025

## Part 1: Applicant information (Please type or print.)

1 First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_  
2 Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
3 XXX-XXX-XXX \_\_\_\_\_  
Tax ID number \_\_\_\_\_  
4 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of birth (month, day, year) \_\_\_\_\_  
5 ( ) - \_\_\_\_\_  
Area code and phone number \_\_\_\_\_ Email address \_\_\_\_\_

## Part 2: Property information

1 Street address of property for which this exemption application is filed \_\_\_\_\_ Township \_\_\_\_\_  
City \_\_\_\_\_ IL \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_  
2 Property (parcel) index number (PIN) \_\_\_\_\_  
Note: The PIN is shown on your property tax bill. You also may obtain it from your chief county assessment officer (CCAO). If you cannot obtain the PIN, attach a copy of the legal description.  
3 Have you or your spouse received this exemption for this property previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered "Yes", write the base year, if known. \_\_\_\_\_  
4 If your spouse maintains a separate residence, has he or she applied for this exemption? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Part 3: Household income for 2024

You must include the income of you, your spouse, and all other individuals who live in your household.

1 Social Security and SSI benefits. Include Medicare deductions in this total. \_\_\_\_\_  
2 Railroad Retirement benefits. Include Medicare deductions in this total. \_\_\_\_\_  
3 Civil Service benefits \_\_\_\_\_  
4 Annuities, federally taxable pensions and retirement plan distributions. \_\_\_\_\_  
5 Human Services and other governmental cash public assistance benefits \_\_\_\_\_  
6 Wages, salaries, and tips from work \_\_\_\_\_  
7 Interest and dividends received \_\_\_\_\_  
8 Net rental, farm, and business income or (loss). (See instructions for Line 8.) \_\_\_\_\_  
9 Net capital gain or (loss). (See instructions for Line 9.) \_\_\_\_\_  
10 Other income or (loss). (See instructions for Line 10.) \_\_\_\_\_  
11 Add Lines 1 through 10. \_\_\_\_\_  
12 Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1, Line 26. \_\_\_\_\_  
12a Subtraction item \_\_\_\_\_ Amount \_\_\_\_\_  
12b \_\_\_\_\_ \_\_\_\_\_  
12 Add the amounts on Lines 12a and 12b, and write the result. \_\_\_\_\_  
13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2024. If the amount is greater than \$65,000, STOP. You do not qualify for this exemption. \_\_\_\_\_

Do not write in this space.

Date received \_\_\_\_\_  
Application number \_\_\_\_\_  
Base year \_\_\_\_\_  
Revised base year \_\_\_\_\_  
Approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Income verified \_\_\_\_\_ Yes \_\_\_\_\_ No  
Base year EAV \_\_\_\_\_  
Revised base year EAV \_\_\_\_\_  
EAV of added improvements \_\_\_\_\_  
Base amount \_\_\_\_\_

## Part 4: Affidavit

Sworn under oath, I state the following:

**1 (Mark the statement that applies.)**

On January 1, 2025, 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, 2025, 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, 2024.

**4 (Mark the statement that applies.)**

**a**  In 2025, I am, or will be, 65 years of age or older.

**b**  In 2025, my spouse, who died in 2025, would have been 65 years of age or older. (Complete the following information.)

Deceased spouse's name

Tax ID number

Date of birth / / —————

Date of death / / —————

**5** The property identified in Part 2, Line 1, is the only property for which I am applying for a low-income senior citizens assessment freeze homestead exemption for 2025.

**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 2024 is \$65,000 or less.

**7** On January 1, 2025, 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, 2025. 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**  \_\_\_\_\_

\_\_\_\_\_

**8 (Mark the statement that applies.)**

On January 1, 2025, 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)

**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

**If you have any questions, please call:**

( 618 ) 687 — 7220

900 WALNUT

Mailing address

MURPHYSBORO

IL 62966

City

ZIP

Last date to apply 1 2 / 3 1 / 2 0 2 5  
Month Day 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.

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