

# 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day 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

If Yes,

a 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day 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 \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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.

