

PTAX-342 Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD)

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City _____ State **IL** ZIP _____

(_____) _____
Daytime phone Email address

Send notice to (if different than above)

2 _____
Name

Mailing address

City _____ State _____ ZIP _____

(_____) _____
Daytime phone Email address

3 Enter the assessment year for which you are filing this form. _____
Year

4 On January 1, were you liable for the payment of real estate taxes on this property? Yes No

5 Check your type of residence.

Single-family dwelling Duplex

Townhouse Condominium

Other _____

6 Enter the property index number (PIN) of the property for which you are requesting the SHEVD. Your PIN is listed on your property tax bill or you may obtain it from the Chief County Assessment Officer (CCAO).

a PIN _____

b Enter the legal description only if you are unable to obtain your PIN. (Attach a separate sheet if needed.)

7 On January 1, **did you** occupy this property as your principal residence? Yes No

8 On January 1, was any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? Yes No

9 On January 1, were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs? Yes No

If **"Yes,"** complete Lines a through c.

a Enter the name and address of the facility.

b Was your property occupied by your spouse? Yes No

c Did your property remain unoccupied? Yes No

Step 2: Complete the disabled veterans' eligibility information

10 Are you an Illinois resident? Yes No

11 Are you a veteran or the **un-remarried** surviving spouse of a veteran with a disability who served as a member of the U.S. Armed Forces on active duty or state active duty, Illinois National Guard, or U.S. Reserve Forces? Yes No

12 Are you a veteran or the **un-remarried** surviving spouse of a veteran with a service-connected disability as certified by the U.S. Department of Veterans' Affairs? Yes No

Note: You must provide documentation. See **"Do I need to provide documentation?"** on the back of this form.

Step 3: Complete the following information

13a Are you the surviving spouse of a deceased veteran? Yes No

b If **"Yes,"** were you remarried as of January 1? Yes No

c Was the veteran killed in the line of duty? Yes No

d Enter the veteran's date of death. ____/____/____

14 If you are claiming the SHEVD on this property for the first time, check the type of documentation you are **attaching** as proof that you have a legal or beneficial title to the property.

Deed Contract for deed

Trust agreement Other written instrument

Lease Specify: _____

a Enter the date the written instrument was executed. _____
Month / Day / Year

b If the instrument is recorded, complete the information below.

Recorded document number _____

Date document recorded ____/____/____
Month / Day / Year

15 If you are the surviving spouse, are you claiming this exemption on your new primary residence for the first time? Yes No

If **"Yes,"** complete Lines a through c.

a _____
Name of veteran Date of death

b Did you sell your spouse's homestead property that received the SHEVD? Yes No

c Identify the veteran's homestead property that previously received the SHEVD. You can obtain this information from the property tax bill or CCAO.

Property owner's name _____

Street address of homestead property _____

City _____ State **IL** ZIP _____

PIN _____

****If needed, attach a legal description of the property.**

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

