

*LAKE COUNTY
SENIOR
SERVICES*

from the office of

A stylized signature of Mary Ellen Vanderwenter, where the first letter 'M' is large and incorporates a feather graphic.

Lake County RECORDER OF DEEDS

**18 N County St – 6th Floor
Waukegan, IL 60085-4358**

Phone: (847) 377-2575

Fax: (847) 984-5860

email: recorder@lakecountyil.gov

website: www.lakecountyil.gov/recorder



Like us on Facebook



Lake County – Illinois Recorder of Deeds



Greetings from the Recorder of Deeds Office!

We are pleased to provide you with our “Lake County Senior Services” brochure. In it you will find helpful information regarding property ownership types and definitions, property exchanges, services offered through other Lake County Offices, such as Veterans’ services, real estate tax deferrals, assessment freezes and more! As always, we strongly suggest consulting an attorney before making important legal and financial decisions.

The Recorder of Deeds Office is the “keeper of history” and maintains documents dating back to 1844! Through this vast library, our friendly and knowledgeable staff can help you research your family history through land searches, the history of your current home or local landmark and so much more! Our office also records Soldier’s Discharge Documents or DD214’s (these documents, however, are not public record). Please know that searching documents in our office is always free of charge and no appointment is necessary. While we do offer Online Access, which enables you to search from your home, there is a nominal fee for this service.

We are happy to provide our Seniors with free copies of their property deeds and free notary service when recording documents with us! Our staff is always willing to go above and beyond to answer your questions. You may reach us at (847) 377-2575, where every call is answered by one of our friendly staff, not a computer! You can also fax us at (847) 984-5860 or email us at ***recorder@lakecountyil.gov***.

To review the many services we provide, including important videos, our Cable Show, forms, fees and more, please visit our website at ***www.lakecountyil.gov/recorder***. And, be sure to “LIKE” us on Facebook at Lake County-Illinois Recorder of Deeds.

All of us in the Recorder’s Family are dedicated to providing you with the best possible service! As always, we continue “Doing Good Deeds for You.”

Sincerely,

Mary Ellen Vanderventer
Lake County Recorder

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NOTE: All information in this packet is subject to change as a result of State or Federal legislative action or judicial order. Always contact an attorney before making any decision affecting your real or personal property.

Property Check



I am very excited to announce that we are now doing even more to protect you, the residents of Lake County, from potential property and mortgage fraud! As we continue finding ways to “Do Good Deeds for You”, the Recorder of Deeds Office is now providing **Property Check**.

Property Check is a free, easy-to-use, 24/7 online service that will alert subscribers, via email or text message, whenever a document is recorded against their name and/or property. According to the FBI, property and mortgage fraud is the fastest growing white-collar crime. To address this concern, go to our website and register today –

www.lakecountyil.gov/2350/Property-Check

In the next few pages, you will find step-by-step instructions for setting up your **Property Check** account. However, if you have questions or would like more information, please call the Lake County Recorder of Deeds Office at (847) 377-2575.

All of us in the Recorder of Deeds Office are dedicated to providing you with the best possible service.

Sincerely,

Mary Ellen Vanderventer

Lake County Recorder

How to Create & Manage your Property Check Notification Account

You can access the Property Check Notification Management Tool by going directly to the Property Check informational page...

www.lakecountyil.gov/2350/Property-Check
and select “*Sign up now!*”

[Home](#) › [Departments/Offices](#) › [Recorder of Deeds](#) › [Services & Programs](#) › [Property Check](#)

Property Check

According to the FBI, property and mortgage fraud is the fastest growing white-collar crime. We are continually evaluating ways to improve the quality of our services. This is an easy, convenient and free tool for homeowners to use to protect their biggest investment.

Property Check is a free, easy-to-use, 24/7 online service that will alert subscribers, via email and/or text message, whenever a document is recorded against their name and/or property. The sign up process is simple and only takes a few minutes. Once you enter your name notification criteria, you will only need to update your account information if your email address or cell phone number changes.



Read through the [instructions on how to sign up \(PDF\)](#) or contact our office at 847-377-2575 for assistance.

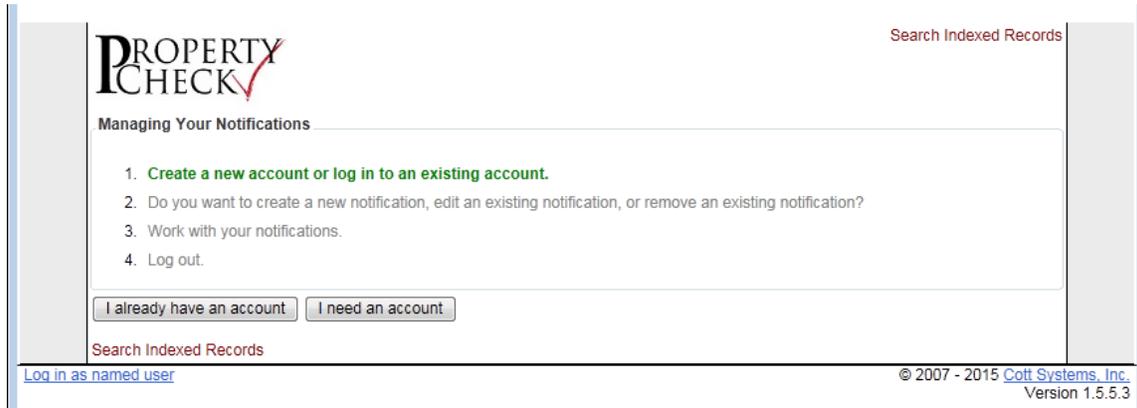
[Click here to Sign Up Now!](#)

You can also get to the Property Check Notification Management Tool via the Online Access login screen...

Please note that you DO NOT need to be an Online Access subscriber to utilize the Property Check notification service



Property Check Home Screen...



Select either “I already have an account” or “I need an account”

Enter your contact information...

- Last Name (required)
- First Name (required)
- Email (required)
- PIN (required – create a 4-digit account access code)
- Phone (LEAVE BLANK)
- Mobile (required only if you want to receive text alert)
- Select Carrier (required only if you want to receive text alert)
- all address information (LEAVE BLANK)

Click "Create Account" when finished (required)

Property Check Notification Management Tool

NOTE: YOU MUST ADD NOTIFICATIONS IN ORDER TO RECEIVE TEXTS AND/OR EMAILS

Select "Add a new notification"

Enter the name information and select notification method preference

Text Message option will only display if cell phone number has been entered in your account

Click on “Create My Notifications”

PROPERTY CHECK

Search Indexed Records

Managing Your Notifications

1. Create a new account or log in to an existing account.
2. Do you want to create a new notification, edit an existing notification, or remove an existing notification?
3. Work with your notifications.
4. Log out.

Welcome!

Email JPUBLIC@EMAIL.COM
PIN *****
Sign Out Edit Account

Add Or Edit A Notification

Add a new notification
 View or remove an existing notification

Notifications

To simply track a name enter only the name information, and likewise for a property. To reduce the potential for "false positives", you may enter a combination of name and property information.

DISCLAIMER: The reliability and accuracy of your notifications are contingent upon entering information as it is indexed.

Name Information

Last Name / Business PUBLIC
First Name JOHN
Middle Name

Property Information

Number
Street MAIN
(do not include Drive, Dr., Blvd, N, South, etc.)
Apt/Lot/Box/No

How Would You Like To Be Notified?

Email Text Message

Create My Notifications

Log in as named user © 2007 - 2015 Cott Systems, Inc. Version 1.5.5.3

Names will be added to your notification list...

2 notifications were added successfully.

PROPERTY CHECK

Search Indexed Records

Managing Your Notifications

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2. Do you want to create a new notification, edit an existing notification, or remove an existing notification?
3. Work with your notifications.
4. Log out.

Welcome!

Email JPUBLIC@EMAIL.COM
PIN *****
Sign Out Edit Account

Add Or Edit A Notification

Add a new notification
 View or remove an existing notification

Notifications

Your Notifications

	Last Name	First Name	Middle Name	Number	Street	Apt/Lot/Box/No	Pin #	Hits	Notification Method	Date Created
Delete	PUBLIC	JOHN			MAIN			0	Email	2/19/2015
Delete	PUBLIC	JOHN			MAIN			0	Text Message	2/19/2015

Log in as named user © 2007 - 2015 Cott Systems, Inc. Version 1.5.5.3

- Most name entries should be entered three times, as only exact matches will trigger a notification ...
 - Last Name – First Name
 - Last Name – First Name – Full Middle Name
 - Last Name – First Name – Middle Initial(s)
- Add only the STREET name to each record you create to act as an additional filter to avoid getting notifications for other properties owned by someone that happens to share the same name as you
 - Adding the STREET name is not recommended if you want to track multiple properties – as you would have to repeat the same name entries for each STREET name to ensure finding a true match
- Repeat as needed to add additional co-owner names and/or name variations such as John/Jonathon, Christopher/Chris, etc

Notifications

Your Notifications

	Last Name	First Name	Middle Name	Number	Street	Apt/Lot/Box/No	Pin #	Hits	Notification Method	Date Created
Delete	PUBLIC	JOHN			MAIN			0	Email	2/19/2015
Delete	PUBLIC	JOHN			MAIN			0	Text Message	2/19/2015
Delete	PUBLIC	JOHN	QUINCY		MAIN			0	Email	2/19/2015
Delete	PUBLIC	JOHN	QUINCY		MAIN			0	Text Message	2/19/2015
Delete	PUBLIC	JOHN	Q		MAIN			0	Email	2/19/2015
Delete	PUBLIC	JOHN	Q		MAIN			0	Text Message	2/19/2015

[Log in as named user](#) © 2007 - 2015 [Cott Systems, Inc.](#)
Version 1.5.5.3

Sign Out when finished

Welcome!

Email JPUBLIC@EMAIL.COM
PIN *****



[Sign Out](#) [Edit Account](#)

Definitions for Forms of Ownership

As a property or homeowner, your deed defines the form of ownership and how the title for the property changes upon the death of an owner.

The following definitions are the most common references in a deed:

Sole Ownership

Exclusive ownership. An ownership so complete that no other person has any interest in the property.

Joint Tenancy

An undivided interest in property, taken by two or more joint tenants. The interests must be equal, accruing under the same conveyance, and beginning at the same time. Upon the death of a joint tenant, the interest passes to the surviving joint tenants, rather than to the heirs of the deceased.

Tenancy by the Entirety

A form of ownership by husband and wife whereby each owns the entire property. In the event of death of one, the survivor owns the property without probate.

Tenancy in Common

An undivided ownership in real estate by two or more persons. The interests need not be equal, and in the event of the death of one of the owners, no right of survivorship in the other owners exists.

“Right of Survivorship” (NOTE – *this is not an ownership type*)

The right of a survivor of a deceased person to the property of said deceased. A distinguishing characteristic of a joint tenancy or tenancy by the entirety relationship.

Changing Ownership upon a Death

Upon the death of a spouse, the remaining spouse often has concerns about the status of their property deed. We recommend when the estate of the deceased is being settled, the deed should be reviewed by an attorney to determine how the title is held and what changes may be needed. (Refer to the forms of ownership definitions on the previous page)

Transfer on Death Instrument

As detailed in Illinois Statute 755 ILCS 27, A “Transfer on Death Instrument” is a document recorded BEFORE the death of the current owner, but the actual transfer of property does not take place until after the death of the owner. This recording MAY be revoked by following additional statutory guidelines.

Since no actual “transfer” is taking place at the time of the initial recording of this instrument, no transfer tax is due at the time of recording.

A “Notice of Death Affidavit and Acceptance of Transfer on Death Instrument” must be recorded by the beneficiary after the death of the owner to make the Transfer on Death Instrument effective.

The agreement made between the original owner and the beneficiary will determine whether or not a MyDec PTAX-203 is required to be filed at the time of this recording. If any consideration is to change hands and there are no exemptions pertaining to the transfer, then a MyDec PTAX-203 is required. This new legislation also points out that consideration is not required; therefore, if there is no consideration then no MyDec PTAX-203 is required to be filed.

As with any legal documentation, we strongly suggest that you consult an attorney prior to creating and/or recording documents.

Estates, Wills and Power of Attorney

Adults with property should plan for the distribution of the property upon their death. Otherwise, the property will be distributed under fixed rules according to state law.

The rules for distribution of property without a will in Illinois are basically as follows:

- Person leaving a spouse - half to spouse and half to descendants if any; if no descendants, all to spouse.
- Person leaving no spouse - all to descendants if any. If none, to parents and siblings or children of deceased siblings; if none, half to each set of grandparents or descendants of deceased grandparents.

According to the state rules, a court cannot change distribution where there is no will. By contrast, a person who makes a will can give away property in the manner they choose as long as it is allowed by law.

The assistance of an attorney should be sought for preparing for the distribution of assets upon death. Your legal advisor can suggest several options including but not limited to, a **will** or a **Living Trust** – a trust which is in effect during the life of the settlor, rather than upon his death. Creating such a trust puts some or all of the person's property into a form of ownership (trust) that is controlled by a trustee (often the person owning the property) and held for the benefit of one or more beneficiaries (the heirs). Upon the death of the person owning the property, it usually goes immediately to the beneficiaries or another trustee.

When meeting with your attorney you may also wish to discuss a **Living Will** and/or **Power of Attorney** providing the power to make decisions on your behalf if you should be unable to care for your own financial, legal and health care matters.

Exemptions for Homeowners

General Homestead Exemption

This “Homeowner’s Exemption” lowers the equalized assessed value of your property by \$6,000. Homestead property must be the principal residence of the homeowner. Your Township Assessor applies the exemption. No form is necessary. To verify you are receiving the maximum exemption allowed, check your tax bill to see that the Homestead Exemption has been applied.

Homestead Improvement Exemption

If you have made improvements to your principal residence, you are entitled to an exemption that defers any increase in assessment due to the improvement for four (4) years. The maximum exemption is \$25,000 of assessed value. The Township Assessor’s Office initiates this exemption.

Senior Homestead Exemption

This exemption lowers the equalized assessed value of the property by \$5,000. This exemption may be claimed in addition to the General Homestead Exemption.

To qualify, applicants must:

- Be 65 years of age or older
- Own and live in the property as their principal residence

Applications can be filed with the Chief County Assessment Office or the local township assessor's office. There is no annual renewal for this exemption. Applicants will need to provide proof of age (ex. driver's license, state ID), and proof of ownership (copy of the deed).

The Recorder of Deeds Office can help you determine your Permanent Index Number (PIN) and will provide a copy of your deed free of charge.

Simply provide your name as it appears on your deed, your address and the year when you acquired your home. Call ahead and your document can be ready for pickup, emailed or mailed directly to your home!

Note regarding properties held in trust – When you are applying for a new exemption and the property is held in trust, we must verify that the applicant is a beneficiary of that trust. The exemptions cannot be applied without this verification. Please include a copy of that part of the actual trust agreement which states that the applicant is a beneficiary. This can usually be found on the first few pages of the trust document.

Should you have any questions, please contact the Chief County Assessment Office directly at (847) 377-2100.

Application for Senior Citizen's Homestead Exemption **Lake County, Illinois**

Permanent Index Number: _____ Township: _____

Applicant Name: _____ Date of Birth: _____

Is the property owned in Trust? Yes No

If yes, a copy of the portion of the trust agreement indicating the beneficiary is required.

Applicant Name: _____ Date of Birth: _____

Is the property owned in Trust? Yes No

If yes, a copy of the portion of the trust agreement indicating the beneficiary is required.

A homestead exemption is requested on the grounds that the requirements of Chapter 35 (ILCS), Act 200, Section 15-170, relative to the Senior Homestead Exemption have been met as set forth below.

1. The undersigned states that the above-described real property is occupied as the **primary** residence by the undersigned.
2. The undersigned states that he/she will be 65 years of age or older during the assessment year in question. One owner must meet this requirement to apply.
3. The undersigned also states that no other application for Homestead Exemption has been or will be filed by him/her on **any other** real property in Illinois or elsewhere.
4. The undersigned also states that he/she is liable for paying real estate taxes on the above described property and is the owner of record of said property, or is a lessee of said real property which is a single family residence. Attach one of the following written instruments supporting these statements (check one):

_____ Recorded Deed – Document # _____ Signature Date of Deed (not recording date): _____

_____ Lease Agreement on a Single Family Residence

If ownership is under two years, was a Senior Exemption granted at the previous address?: YES / NO

Previous Address: _____

THE FOLLOWING DOCUMENTS MAY ONLY BE USED IF THE ABOVE ARE NOT AVAILABLE

_____ Contract for Deed – Document # _____

_____ Title Guarantee Policy

_____ Beneficial Interest in a Trust – Document # _____

_____ Will (Indicate date of death and date executor was appointed.)

_____ Inheritance By Laws of Descent (Indicate date of death & relationship.)

NOTE: This exemption application is subject to review and approval by the Lake County Board of Review.

Owner's (or Lessee's) Signature: _____ Dated: _____

Owner's (or Lessee's) Signature: _____ Dated: _____

Street Address: _____

City, State, Zip: _____ Phone #: _____

Township use only: Begin exemption on (date): _____

Senior Citizens Assessment Freeze Homestead Exemption

This exemption provides seniors with limited income protection against real estate tax increases due to rising property values. It is not a tax freeze or a tax reduction and does not protect against increased taxes due to tax rate increases. Because this exemption provides for a base year frozen assessment, it will potentially provide increased savings each year a senior is eligible. The base assessment used in the Senior Citizens Assessment Freeze Homestead Exemption initially equals the assessed value from the prior year tax calculation. In subsequent years, if the new assessed value is lower than their original base value, the new lower value becomes the new base amount.

To qualify an applicant must meet the following criteria:

- Be 65 years of age or older.
- Own the property as their principal residence for the past two tax years (ownership as of January 1st each tax year)
- Have a total household income of \$65,000 or less.

Applications can be filed electronically through the Smartfile E-Filing Portal or in person at the Chief County Assessment Office or the local township assessor's office. This exemption must be renewed on an annual basis. Applications are mailed to all taxpayers that are receiving the Senior Homestead Exemption each year in the spring.

Application Forms:

- Senior Citizen's Assessment Freeze Homestead Exemption Application 2019

Note regarding properties held in trust – When you are applying for a new exemption and the property is held in trust, we must verify that the applicant is a beneficiary of that trust. The exemptions cannot be applied without this verification. Please include a copy of that part of the actual trust agreement which states that the applicant is a beneficiary. This can usually be found on the first few pages of the trust document.

Should you have any questions, please contact the Chief County Assessment Office directly at (847) 377-2100.

Senior Citizens Real Estate Tax Deferral

The Senior Citizens Tax Deferral is a program that allows qualified senior citizens to defer part or all of the property taxes on their personal residence.

General Information:

- This is a state loan with a 6% simple interest rate.
- Repayment upon death or sale of home.
- A lien will be placed on your property.
- The program may be utilized for multiple years, if you meet the qualifications.
- Must file a new application each new tax year.
- You may apply for other senior tax programs even though you are on the deferral program.
- Those that have a current mortgage, second mortgage or reverse mortgage must check with their lending institution to see if you qualify.
- Your completed application must be notarized and returned by March 1st.

Mail to: Lake County Treasurer
18 N County St - Room 102
Waukegan, IL 60085

Requirements of Eligibility:

- Applicant must be 65 years old as of June 1st of the tax year claimed.
- Total household income \$55,000.00 or less.
- Maximum shall not exceed \$5,000 per taxpayer per year.
- Proof of house insurance.
- Property cannot be income producing, such as rental income.
- Applicant must own and occupy residence.
- Property taxes must be current at the time of application.
- The cumulative amount of the deferral plus interest cannot exceed the market value less the value of any liens.
- Taxes may be paid at any time without affecting the deferral status.

To apply for the Senior Property Tax Deferral program, contact the Lake County Treasurer's Office at (847) 377-2323. Forms are also available at the Township Assessor's Office.

Mobile Home Exemption for Senior or Disabled Persons

As a senior citizen or a disabled person, you may apply for and receive an exemption which reduces the mobile home tax by 20%.

To be eligible the applicant must:

- Reside in the mobile home.
- Hold title to the mobile home as provided in the Illinois Vehicle Code.
- One of the following must be true:
 - 1) Reached the age of 65 on or before January 1 of the year that you apply for the exemption; **or**
 - 2) Was totally disabled and remain disabled until the date on which you apply for the exemption.
- Must apply either as a senior **or** as a disabled person – not both. You may be a senior disabled person but can only receive a single 20% tax reduction.

Application Form

- Application for Reduction of Mobile Home Local Services Tax Form

**APPLICATION FOR REDUCTION OF
MOBILE HOME LOCAL SERVICES TAX**



Holly Kim
Lake County Treasurer
18 N. County St. Rm 102
Waukegan, IL 60085

MH: _____
 (Park #) (Owner #)

Please Provide a Copy of the Title if Available

I hereby make application for a reduction of 20% of the total tax imposed under "An Act to provide for a local service tax on mobile homes".

Answer YES or NO to the following questions:

- A. _____ I reside in the mobile home.
- B. _____ I hold title to the mobile home as provided in the Illinois code.
- C. _____ I have reached the age of 65 on or before January 1 of the year in which this statement is filed.
 My date of birth is: _____, _____. (Must present proof of age)
- D. _____ I was totally disabled on _____ day of _____ 20_____ and have remained disabled until the date of this application. (Must present proof of disability)

PLEASE CHECK ONE

_____ Senior Exemption _____ Disability Exemption

The undersigned declares under penalty of perjury that the above statements are true and correct.

Date: _____, _____, _____

 (Signature of Owner)

 (Address)

 (City) (State) (Zip)

 (Phone Number)

 (E-mail)

Approved by:

 (County Treasurer)

Note: The above information must be filed with the LAKE COUNTY TREASURER'S OFFICE.
 If you have any questions regarding this form please feel free to call our office at 847-377-2323
 Please fax all information to 1-847-984-5899

Disabled Veteran Mobile Home Tax Exemption

Veterans are exempt from the full amount of the mobile home tax. This exemption applies to the tax levied by each county to the owner of a mobile home that meet all of the following criteria:

- 1) Mobile home must be owned and used exclusively by a disabled veteran; **and**
- 2) spouse or unmarried surviving spouse as their primary residence; **and**
- 3) the disabled veteran must have been awarded the Specially Adapted Housing Grant by the U.S. Department of Veterans Affairs for a primary residence that they owned and resided in prior to purchase of the mobile home; **and**
- 4) the disabled veteran, spouse or unmarried surviving spouse must be a permanent resident of the State of Illinois on January 1 of the tax year for which the exemption is being claimed.

Please contact your local Veteran Service Officer for further information...

Captain James A. Lovell Federal Health Care Center
3001 Green Bay Rd
Building 133, Room's 1D-115 & 1D-116
North Chicago, IL 60064

Hours of Operation: 9:00 AM to 4:00 PM Tuesday & Thursday only
Phone: (847) 689-4153 or (847) 689-4798

Public Act 93-0146

Sec. 7.5. Exemption for disabled veterans.

- (a) Beginning on January 1, 2004, a mobile home owned and used exclusively by a disabled veteran or the spouse or unmarried surviving spouse of the veteran as a home, is exempt from the tax imposed under this Act.
- (b) As used in this Section:
"Disabled veteran" means a person who has served in the armed forces of the United States and whose disability is of such a nature that the federal government has authorized payment for purchase or construction of specially adapted housing as set forth in the United States Code, Title 38, Chapter 21, Section 2101
"Unmarried surviving spouse" means the surviving spouse of the veteran at the time after the death of the veteran during which the surviving spouse is not married.
- (c) Eligibility for this exemption must be reestablished on an annual basis by certification from the Illinois Department of Veterans' Affairs to the county clerk of the county in which the exempt mobile home is located. The county clerk shall forward a copy of the certification to local assessing officials.

Section 90. The State Mandates Act is amended by adding Section 8.27 as follows: (30 ILCS 805/8.27 new)

Sec. 8.27. Exempt mandate. Notwithstanding Sections 6 and 8 of this Act, no reimbursement by the State is required for the implementation of any mandate created by this amended Act of the 93rd General Assembly.

Effective Date: July 10, 2003

Tax Exclusion on Sale

If you have a gain from the sale or exchange of your main home, you may be able to exclude from income up to \$250,000 of the gain (\$500,000, for certain married taxpayers filing a joint return). The exclusion may be allowed each time you sell or exchange your main home, but generally no more frequently than once every two years. You cannot deduct a loss from the sale of your main home.

To be eligible for an exclusion, your home must have been owned by you and used as your main home for a period of at least two years out of the five years prior to its sale or exchange. The required two years of ownership and use during the five-year period ending on the date of sale do not have to be continuous. You can meet the ownership and the use tests during different two-year periods. However, both tests must be met during the five-year period ending on the date of the sale or exchange. If you and your spouse file a joint return for the year of the sale or exchange, you can exclude up to \$250,000 of gain if only one of you qualified for the exclusion.

References: IRS (800) 829-1040

Publication 523, Selling Your Home

Tax Topic 701, Sale of your Home - after May 6, 1997

Tax Topic 703, Basis of Assets

Reverse Mortgages

Illinois state law encourages lending institutions to make “reverse mortgages” available to allow homeowners to borrow against the equity in their homes instead of having to sell. Typically, a lending institution lends the homeowner a set amount per month or per quarter. The lender recovers the principal and interest from the equity in the house when the homeowner dies or sells the property.

The state law is applied based on the following:

- The homeowner or spouse must be at least 62.
- The mortgage must be filed on the principal residence and can include 1 to 4 dwelling units.
- The mortgage loan must provide that the homeowner may be absent for up to 60 days at a time or up to 1 year if the residence is adequately secured against damage or theft.
- The lender may not consider other assets of the homeowner. Only the residence is used for repayment.

Before making a reverse mortgage loan, a lender must give the prospective borrower an information sheet from the Department on Aging describing such loans and how to get independent information on them. Prospective borrowers should carefully consider whether such a loan is the best way to fund their retirement years. Some factors to be considered include whether other assets should be used first, what additional income is needed, will the borrower outlive the period over which loan payments will continue, and if there are heirs who could benefit from the property. **As with any legal decision, we strongly recommend you consult with an attorney.**

The Recorder of Deeds Office has produced a video explaining Reverse Mortgages. This video is available for viewing via the Internet at www.lakecountyil.gov/3490/Recorders-Cable-Show - it is located under the “Doing Good Deeds for You” heading.

Residential Mortgage Foreclosure Mediation Program

The 19th Judicial Circuit Court is grateful to all the partners who made the Residential Mortgage Foreclosure Mediation Program possible, including the Office of the Illinois Attorney General, the Affordable Housing Corporation of Lake County, and the Resolution Systems Institute.

What is mediation and how does it help me?

In mediation, a neutral third-party helps you and your lender discuss possible solutions to your foreclosure. The mediator will not represent you or the bank and will not force anyone to reach an agreement. Mediation can increase communication and empower you to reach a resolution that works. Mediation is also beneficial because legal proceedings will be on hold while you are participating in the program.

Who is eligible?

You may be eligible if you live in a home that has one to four units and a foreclosure has been filed with the court. Call (847) 377- 3552 for more information about the program and to learn more about your eligibility. You may participate in housing counseling with AHCLC even if you are not eligible for the Mediation Program.

Do I have to pay anything?

No. This program is funded through several sources including the Office of the Illinois Attorney General and court filing fees.

What do I have to do to participate?

1. Call the program coordinator at (847) 377-3552 within 42 days of receiving the summons to schedule an appointment for housing counseling.
2. Participate in housing counseling with AHCLC and submit any requested financial information to the housing counselor.
3. Attend the mediation conference and participate in good faith.
4. Comply with all program requirements and meet all deadlines.

What is Affordable Housing Corporation of Lake County (AHCLC) and what happens in housing counseling?

AHCLC is a nonprofit, HUD-certified housing counseling agency that will help prepare you for a mediation session. Housing counselors are experts at helping homeowners understand their options, preparing loan modification application packets, and negotiating with lenders. AHCLC also

offers these and other services to people not participating in the mediation program. Visit www.ahclc.org for more information.

Who participates in a mediation session?

You and the bank's attorney must participate in person. A bank's representative with authority to settle will participate by phone.

Does participating in, or requesting, mediation stop the foreclosure case filed against me?

The foreclosure action will be stayed while you are in the mediation program. That means the legal proceedings stop and are on hold until you leave the program. The legal stay can give you the time to try to work things out with your lender without added legal pressures.

What happens if we can't settle?

If mediation ends without an agreement, you will have 30 days to file an appearance and answer or other responsive pleading to the complaint for mortgage foreclosure. The legal proceeding will then continue in court.

Can the mediator require the bank to modify my loan?

No. However, housing counseling and mediation require the bank to check if you are eligible for a loan modification and to communicate with you about all of your available options. The mediator is not the judge and will help you talk to your bank rather than make a decision in your case.

Where will mediations take place?

Mediation sessions are held in Suite 106 of the 19th Judicial Circuit Arbitration Center located at 415 W Washington Street in Waukegan.

What if I have more questions?

Please call the Mediation Program Coordinator at (847) 377-3552 or send an e-mail to okordonskaya@aboutrsi.org. You can also call the AHCLC at (847) 796-8050.

What if I need legal help but can't afford it?

You may call Prairie State Legal Services at (888) 966-7757 Mon - Fri between the hours of 9AM-12PM and 1PM- 4PM. If you want to represent yourself but need help understanding the process and finding the forms you will need, visit the Center for Self-Representation in the lobby of the Lake County Administrative Tower located at 18 N County Street in Waukegan.

Soldier's Discharge

Veterans are encouraged to record a copy of their Form DD-214, Certificate of Discharge or Release from Active Duty. This document is often required to obtain and verify eligibility for veteran's benefits. Recording your DD-214 will ensure that you will always have prompt access when needed.

In 2004, Public Act 093-0468 was established to protect the rights of veterans. DD214's are no longer considered public information and are not available for public viewing.

Mary Ellen Vanderverter
Lake County Recorder of Deeds
18 N County St – 6th Floor
Waukegan, IL 60085-4358
(847) 377-2575
fax (847) 984-5860



Office Hours:
Monday – Friday
8:30 a.m. to 5:00 p.m.

REQUEST FOR MILITARY SERVICE DISCHARGE RECORD

Please note that you must belong to one of the following categories in order to receive a copy of a discharge record, as outlined in Public Act 093-0468

Please check the appropriate category...

- I am the person named in the document
- I am a dependent of the person named in the document
- I am Lake County's veteran's service officer
- I am a representative of the Department of Veteran's affairs
- I am presenting written authorization, containing a notarized signature, from the person named in the document or from his/her dependent

I am requesting _____ copies of military service discharge records
for _____

Veteran's Date of Birth: _____

Requests must include a copy of a valid photo identification card

Request made by:

Name (*PRINT*) _____

Signature _____

Address _____

City, State Zip _____

Phone Number _____

Homestead Exemption for Persons with Disabilities (HEPD)

Pursuant to 35ILCS 200/15-168, this exemption lowers the equalized assessed value of your property by \$2,000 and may be claimed in addition to the General Homestead Exemption and the Senior Homestead Exemption, if applicable. However, this exemption cannot be claimed in addition to the Disabled Veterans' Standard Homestead Exemption or the Disabled Veterans' Exemption of \$70,000; you can only receive one of these exemptions and, if you are a veteran, you should choose to apply for the one most beneficial to you.

To qualify, applicants must:

- Own or have a legal or equitable interest in the property.
- Have lived on the property on or before January 1st of the tax year.
- Be disabled under the Federal Social Security Act and supply either:
 - A copy of your Illinois Disabled Person Identification Card stating that you are under a Class 2 disability (for each year you qualify); **or**
 - Proof of Social Security Administration Social Security Benefits. This proof includes an award letter, verification letter, or annual cost of living adjustment (COLA) - This paperwork must be issued in the tax year for which you are applying. Whichever you supply, it must indicate that the benefits are for disability; **or**
 - Proof of Veterans Administration disability benefits which would be an award letter showing total 100% disability; **or**
 - Proof of Railroad or Civil Service disability benefits which would be an award letter showing a total 100% disability.

Applications can be filed with the Chief County Assessment Office or at the local townships assessor's office. An annual verification of eligibility must be filled out each year in order to continue to receive the exemption. The Chief County Assessment Office will mail this verification form each year to all applicants who received the exemption in the prior year.

Required Application Forms:

- PTAX-343 Application for the Homestead Exemption for Persons with Disabilities
- PTAX-343-A Physician's Statement for the Homestead Exemption for Persons with Disabilities
- PTAX-343-R Annual Verification of Eligibility for the Homestead Exemption for Persons with Disabilities (HEPD)

Note regarding properties held in trust – When you are applying for a new exemption and the property is held in trust, we must verify that the applicant is a beneficiary of that trust. The exemptions cannot be applied without this verification. Please include a copy of that part of the actual trust agreement which states that the applicant is a beneficiary. This can usually be found on the first few pages of the trust document.

Should you have any questions, please contact the Chief County Assessment Office directly at (847) 377-2100.

Disabled Veterans Exemption (Adaptive Housing)

What Is a Disabled Veterans Exemption & Who Qualifies?

Pursuant to 35ILCS 200/15-165, under this program, up to \$100,000 of the equalized assessed value of a home owned by a qualifying veteran, or the veteran's spouse, or unmarried surviving spouse is exempt from property taxes.

To qualify for this exemption, you must:

- Have served in the Armed Forces of the United States.
- Have a disability of such nature that the Federal Government has authorized payment for the purchase or construction of housing which has special adaptations to meet the needs of your disability.

How Do I Establish a Disabled Veterans Exemption?

You apply for this exemption through the Illinois Department of Veterans' Affairs. Once the exemption has been approved, the Chief County Assessment Office is notified by the Illinois Department of Revenue of the veterans eligible for this program.

Please note that you are only eligible if you live in specially adapted housing that the Federal Government authorized payment for due to your disability. If you qualify, this exemption must be renewed each year.

You may obtain the required forms for specially adapted housing from the:

Veterans' Affairs Medical Center – North Chicago
Building 135 Ground Floor
3001 Green Bay Rd
North Chicago, IL 60064
(847) 689-4153

Should you have any questions, please contact the Chief County Assessment Office directly at (847) 377-2100.

Returning Veterans Homestead Exemption

Pursuant to 35ILCS 200/15-167, this exemption started in tax year 2007.

This exemption lowers the equalized assessed value of the veteran's principal residence by \$5,000 for two consecutive assessment (tax) years. This would include the tax year and the following year that the veteran returns from active duty in an armed conflict involving the armed forces of the United States.

To qualify, applicants must:

- be an Illinois resident who has served as a member of the U.S. Armed Forces, Illinois National Guard, or U.S. Reserve Forces.
- have returned from active duty in an armed conflict involving the U.S. Armed Forces, Illinois National Guard, or U.S. Reserve Forces.
- have owned or had a legal or equitable interest in the land on which a single-family residence is situated and used as your principal place of residence on January 1 of the assessment years, and
- be liable for the payment of the property taxes.

Applications can be field with the Chief County Assessment Office or the local township assessor's office.

Required Application Form:

- PTAX-341 Application for Returning Veterans Homestead Exemption

Note regarding properties held in trust – When you are applying for a new exemption and the property is held in trust, we must verify that the applicant is a beneficiary of that trust. The exemptions cannot be applied without this verification. Please include a copy of that part of the actual trust agreement which states that the applicant is a beneficiary. This can usually be found on the first few pages of the trust document.

Should you have any questions, please contact the Chief County Assessment Office directly at (847) 377-2100.

Standard Homestead Exemption for Veterans with Disabilities (SHEVD)

This exemption provides a reduction in equalized assessed value (outlined below) of a primary residence occupied by a veteran with a disability, or the veteran's surviving spouse. This exemption can be claimed in addition to the General Homestead Exemption and the Senior Homestead Exemption. However, it cannot be claimed in addition to the Disabled Veterans Exemption (specially adaptive housing) of \$100,000, or the Homestead Exemption for Persons with Disabilities.

- A disabled veteran with a 70% or higher service-connected disability will be tax exempt.
- A disabled veteran with at least 50%, but less than 70% service-connected disability will receive a \$5,000 reduction in the property's EAV.
- A disabled veteran with at least 30%, but less than 50% service-connected disability will receive a \$2,500 reduction in property's EAV.

To qualify, applicants must:

- Be a Lake County, Illinois resident and have served in the United States Armed Forces, the Illinois National Guard, or U.S. Reserve Forces, and have received an honorable discharge.
- Have a total equalized assessed value (EAV) of less than \$250,000.
- Have owned and occupied the property as the primary residence on or before January 1st of the tax year.
- Supply documentation as required by the instructions on the back of the form.
- An un-remarried surviving spouse of a disabled veteran can continue to receive this exemption on his or her spouse's homestead property or transfer the exemption to a new primary residence. To qualify, the surviving spouse must meet the following requirements:
 - Sell the disabled veteran's previous homestead property before transferring this exemption to his or her new primary residence.
 - Own and occupy the property as a primary residence and hold a legal or beneficial title to the property on January 1 of the assessment year.

Applications can be filed with the Chief County Assessment Office or the local township assessor's office. An annual verification of eligibility must be filled out each year in order to continue to receive the exemption. The Chief County Assessment Office will mail this verification form each year to all applicants who received the exemption in the prior year.

Required Application Forms:

- PTAX-342 Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD)
- PTAX-342-R Annual Verification of Eligibility for Standard Homestead Exemption for Veterans with Disabilities

Note regarding properties held in trust – When you are applying for a new exemption and the property is held in trust, we must verify that the applicant is a beneficiary of that trust. The exemptions cannot be applied without this verification. Please include a copy of that part of the actual trust agreement which states that the applicant is a beneficiary. This can usually be found on the first few pages of the trust document.

Should you have any questions, please contact the Chief County Assessment Office directly at (847) 377-2100.

Assessor Contact Information

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ELA

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(847) 234-3485
shelton@shldassessor.org

ZION

Larry Wicketts
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Zion, IL 60099-2655
(847) 872-5031
lwicketts@zionassessor.com

CHIEF COUNTY ASSESSMENT OFFICE

(847) 377-2100

TREASURER/COLLECTOR

(847) 377-2323

Scam Alert

For Your Protection...

Please Be Aware!

The Recorder of Deeds Office would like to emphasize the importance of being cautious when contacted by companies claiming they have a great deal for you. The true purpose of these contacts, whether by phone, mail or the Internet is to get you to spend your hard-earned money for their private interest. Rarely is it a good deal for the customer.

Please be aware of companies contacting Lake County homeowners in an effort to provide you with a certified copy of the deed to your home for a mere payment of \$89.50 plus \$4.50 for postage and handling. This is just one of the scams out there.

There may come a time when you need to reference the deed to your home. As often happens, people misplace their deeds or in some instances, never actually received the original deed at the time they purchased their home. The average deed is four pages or less, with a copy fee of \$1.00 per page. For Seniors – copies are free! For your protection, all requests for copies should be handled directly through the Recorder of Deeds Office. As you can see, the above-mentioned company is roughly making a \$84.00 profit on every request they handle. Let's put them out of business! Please do not respond to this scam.

As the keeper of the property records for all of Lake County, I do not want to see anyone needlessly harmed by these deceptive offers. I would encourage anyone with a question, concern or need for a copy to contact my office directly at (847) 377-2575. We will be happy to send you whatever paperwork you need, at the statutory cost, without any handling or postage fees.

Mary Ellen Vanderventer
Lake County Recorder



PTAX-340

2019 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Part 1: Applicant information (Please type or print, or you can file this on-line at assessor.lakecountylvil.gov)

1	_____	4	_____
	First name MI Last name		Your Date of Birth (month, day, year)
2	_____	5	_____
	Mailing address		Spouse Date of Birth (month, day, year)
3	_____	6	_____
	City State ZIP		Telephone Number (please include area code)
		7	_____
			Email address

Part 2: Property information

Is the property owned in trust? YES ___ NO ___ A copy of the trust may be required

1 _____

Street address of property for which this exemption application is filed Township

_____ IL _____ Lake
City ZIP County

2 _____

Property index number (PIN) **Note:** The PIN is shown on your property tax bill. It can also be obtained from your chief county assessment office website.

3 Have you or your spouse received this exemption for this property previously? ___ Yes ___ No

4 If your spouse maintains a separate residence, has he or she applied for this exemption? ___ Yes ___ No

5 Does this property have multiple dwelling units? ___ Yes ___ No

If you answered "Yes", write the number of units _____

Part 3: Household income for 2018

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

1	Social Security and SSI benefits. Include Medicare deductions in this total.	1	_____ _____
2	Railroad Retirement benefits. Include Medicare deductions in this total.	2	_____ _____
3	Civil Service benefits	3	_____ _____
4a	Annuity benefits (See instructions for Line 4.)	4a	_____ _____
4b	Federally taxable pensions and retirement plan distributions	4b	_____ _____
5	Human Services and other governmental cash public assistance benefits	5	_____ _____
6	Wages, salaries, and tips from work	6	_____ _____
7	Interest and dividends received	7	_____ _____
8	Net rental, farm, and business income or (loss). (See instructions for Line 8.)	8	_____ _____
9	Net capital gain or (loss). (See instructions for Line 9.)	9	_____ _____
10	Other income or (loss). (See instructions for Line 10.)	10	_____ _____
11	Add Lines 1 through 10.	11	_____ _____
12	Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1 Line 36.		
	Subtraction item	Amount	
12a	_____	_____	
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 2018. **If the amount is greater than \$65,000, STOP.** You do not qualify for this exemption. IF YOU DO NOT QUALIFY, PLEASE DO NOT RETURN THIS FORM.

13 _____ | _____

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

- a** On January 1, 2018 **and** January 1, 2019, the property identified in Part 2, Line 1, was used as my principal residence.
- b** On January 1, 2018 **and** January 1, 2019, the property identified in Part 2, Line 1, was my principal residence 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.)

- a** On January 1, 2018 **and** January 1, 2019, I was the owner of record of the property identified in Part 2, Line 1.
- b** On January 1, 2018 **and** January 1, 2019, I had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1.
- c** On January 1, 2018 **and** January 1, 2019, I 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.

4 (Mark the statement that applies.)

- a** In 2019, I am or will be 65 years of age or older.
- b** In 2019, my spouse, who died in 2019, would have been 65 years of age or older. (Complete the following information.)

Deceased spouse's name

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 have applied for a senior citizens assessment freeze homestead exemption for 2019.

6 The amount reported in Part 3, Line 13 of this form includes my income, my spouse's income, and the income of all persons living in my household, and the total household income for 2018 is \$65,000 or less.

7 On January 1, 2019, 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, 2019. The total income of the 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	Income Included	First and last name	Income Included
a _____	Yes _____ No _____	c _____	Yes _____ No _____
b _____	Yes _____ No _____	d _____	Yes _____ No _____

8 (Mark the statement that applies.)

On January 1, 2019, I was

a single, widow(er), or divorced **b** married and living together **c** married, but not living together. Remember, your spouse's income must be included in household income even if they do not live with you.

c-1 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.

Dated _____

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 201____.

Notary Public

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption. If you have any questions, please call: 847-377-2100.

**Mail your completed Form PTAX-340 by July 1, 2019 to: Chief County Assessment Office
18 North County Street, 7th Floor
Waukegan, IL 60085**

What is the Senior Citizens Assessment Freeze Homestead Exemption (SCAFHE)?

The senior citizens assessment freeze homestead exemption (35 ILCS 200/15-172) allows you, as a qualified senior citizen, to have your home's equalized assessed value (EAV) "frozen" at a base year value and prevent or limit any increase due to inflation. The base year generally is the year before the year you first qualify and apply for the exemption. For example, if you first qualify and apply in 2019, your property's EAV will be "frozen" at the 2018 EAV. The amount of the exemption is the difference between your base year EAV and your current year EAV. Freezing your property's EAV does not mean that your property taxes will not increase, however. Other factors also affect your tax bill. For example, your tax bill could increase if the tax rate, which is based on the amount of revenues taxing districts request, increases. Your EAV and tax bill may also increase if you add improvements to your home. However, if your home's EAV decreases in the future, you will benefit from any reduction.

Who is eligible?

The senior citizens assessment freeze homestead exemption qualifications for the 2019 tax year (for the property taxes you will pay in 2020), are listed below.

- You will be 65 or older during 2019.
- Your total household income in 2018 was \$65,000 or less.
- On January 1, 2018, **and** January 1, 2019, you
 - used the property as your principal place of residence,
 - owned the property, or had a legal or equitable interest in the property as evidenced by a written instrument, or had a leasehold interest in the property used as a single-family residence, and
 - were liable for the payment of property taxes.

You do **not** qualify for this exemption if your property is assessed under the mobile home privilege tax.

Surviving spouse — Even if you are not 65 or older during 2019, you are eligible for this exemption for 2019 if your spouse died in 2019 and would have met all of the qualifications.

Residents in a health facility — Even if you did not use the property as your principal place of residence on January 1, 2019, you qualify for this exemption if you are 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 and you meet all other requirements, have received this exemption previously, **and** your property is either unoccupied or is occupied by your spouse.

Residents of cooperatives — If you are a resident of a cooperative apartment building or cooperative life-care facility, you qualify for this exemption if you are liable for the payment of property taxes on your residence and meet the other eligibility requirements.

What is a household?

A household includes you and your spouse, and all other persons who used your residence as a principal dwelling place on January 1, 2019.

What is included in household income?

Household income includes your income, your spouse's income, and the income of **all** individuals living in the household. Examples of income that must be included in your household income are listed below. (For specific questions, see Part 3 on Page 4.)

- alimony or maintenance received
- annuities and other pensions
- Black Lung benefits
- business income
- capital gains
- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance
- cash winnings from such sources as raffles and lotteries
- Civil Service benefits

- damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- dividends
- farm income
- Illinois Income Tax refund (only if you received Form 1099-G)
- interest
- interest received on life insurance policies
- long term care insurance (federally taxable portion only)
- lump sum Social Security payments
- miscellaneous income, such as from rummage sales, recycling aluminum, or baby sitting
- military retirement pay based on age or length of service
- monthly insurance benefits
- pension and IRA benefits (federally taxable portion only)
- Railroad Retirement benefits (including Medicare deductions)
- rental income
- Social Security income (including Medicare deductions)
- Supplemental Security Income (SSI) benefits
- all unemployment compensation
- wages, salaries, and tips from work
- Workers' Compensation Act income
- Workers' Occupational Diseases Act income

What is not included in household income?

Some examples of income that are not included in household income are listed below. (For specific income questions, see Part 3 on Page 4.)

- cash gifts
- child support payments
- COBRA subsidy payments
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments
- federal income tax refunds
- IRA's "rolled over" into other retirement accounts, unless "rolled over" into a Roth IRA
- lump sums from inheritances
- lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from the Foster Parent and Foster Grandparent programs
- Veterans' benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2018.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

File the PTAX-340 application with the CCAO by the due date of July 8, 2019. You must file Form PTAX-340 **every year** and meet the qualifications for that year to continue to receive the exemption.

Note: The CCAO may require additional documentation (*i.e.*, birth certificates, tax returns, *etc.*) to verify the information in this application.

What if I need additional assistance?

If you have questions about this form, please contact your Chief County Assessment Office at **847-377-2100** or visit them at the address printed at the bottom of Page 2.

Part 1: Applicant information

Lines 1 through 7 — Type or print the requested information.

Part 2: Property information

Lines 1 and 2 — Identify the property for which this application is filed.

Lines 3, 4 and 5 — Answer the questions by marking an “X” next to your statement.

Part 3: Household income for 2018

“Income” for this exemption means 2018 federal adjusted gross income, plus certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from a governmental agency, SSI, and certain taxes paid. These Step-by-Step instructions provide federal return line references and reporting statement references, whenever possible.

The amounts written on each line must include the 2018 income for you, your spouse, and all the individuals living in the household.

Line 1 — Social Security and Supplemental Security Income (SSI) benefits

Write the total amount of retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received from the Social Security Administration (shown on Form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits). You also must include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses.

Note: The amount deducted for Medicare (\$1,608.00 yearly or \$134.00 per month, per person) is already included in the amount in box 3 of Form SSA-1099.

Line 2 — Railroad Retirement benefits

Write the total amount of retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3 — Civil Service benefits

Write the total amount of retirement, disability, or survivor’s benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4 — Annuities and other retirement income

A) Write the total amount of income the entire household received as an annuity from any annuity, endowment, life insurance contract, or similar contract or agreement (shown on Form 1099-R).

B) Include only the federally taxable portion of pensions, IRAs, and IRAs converted to Roth IRAs (shown on U.S. 1040 Line 4b). IRA’s are not taxable when “rolled over,” unless “rolled over” into a Roth IRA.

Line 5 — Human Services and other governmental cash public assistance benefits

Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the first two digits of any member’s Human Services case number are the same as any of those in the following list, you must include the total amount of any of these benefits on Line 5.

- | | |
|--------------------|--|
| 01 aged | 04 and 06 temporary assistance to |
| 02 blind | needy families (TANF) |
| 03 disabled | 07 General Assistance |

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period. Food stamps, medical assistance benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6 — Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips from work for every household member (shown in box 1 of Form W-2).

Line 7 — Interest and dividends received

Write the total amount of interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8 — Net rental, farm, and business income or (loss)

Write the total amount of net income or loss from rental, farm, business sources, etc., the entire household received, as allowed on U.S. 1040, Schedule 1, Lines 12, 17, and 18. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 9 — Net capital gain or (loss)

Write the total amount of taxable capital gain or loss the entire household received in 2018, as allowed on U.S. 1040, Schedule 1, Lines 13 and 14. You **cannot** use a net capital loss carryover in figuring income.

Line 10 — Other income or (loss)

Write the total amount of other income or loss not included in Lines 1 through 9 that is included in federal adjusted gross income, such as alimony received, unemployment compensation, and taxes withheld from oil or gas well royalties. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 11 — Add Lines 1 through 10.

Line 12 — Subtractions

You may subtract only the reported adjustments to income totaled on U.S. 1040 Schedule 1, Line 36. For example

- IRA deduction
- Archer MSA deduction
- moving expenses
- alimony or maintenance paid
- health savings account deduction
- student loan interest deduction
- jury duty pay you gave to your employer
- deductible part of self-employment tax
- self-employed health insurance deduction
- self-employed SEP, SIMPLE, and qualified plans
- penalty on early withdrawal of savings
- Educator expenses
- Tuition and fees
- Domestic production activities deduction

Line 13 — Total household income

Subtract Line 12 from Line 11. If this amount is greater than \$65,000, **you do not qualify for this exemption.** See Page 3

Part 4: Affidavit

Lines 1 through 4 — Mark the item that applies. Read the affidavit carefully. The statements must apply.

Line 7 — Write the names of the individuals, other than yourself, including your spouse, along with any persons who used the property for their principal residence on January 1, 2019. Attach an additional sheet if necessary.

Line 8 — Follow the instructions on the form. If your spouse does not reside at this property, be sure to write his or her name and address.

Note: You must sign your Form PTAX-340 and have it notarized before you file it with your Chief County Assessment Office. Their office will notarize your form free of charge if you bring it in personally and sign it in their presence.

PTAX-341 Application for Returning Veterans' Homestead Exemption

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City **IL** State ZIP

(_____) _____
Daytime phone

Send notice to (if different than above)

2 _____
Name

Mailing address

City State ZIP

(_____) _____
Daytime phone

3 Write the assessment years for which you are filing this form.

Year you returned home Year after you returned home

4 Write the property index number (PIN) of the property for which you are requesting the returning veterans' homestead exemption. 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, write the legal description on Line b.

a PIN _____

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

Step 2: Complete eligibility information

5 Are you a veteran and an Illinois resident? Yes No

6 Have you served as a member of the U.S. Armed Forces, Illinois National Guard, or U.S. Reserve Forces? Yes No

7 Did you return from active duty in an armed conflict involving the armed forces of the United States? Yes No

If "Yes", write the date you returned home. Month ____ / Day ____ / Year ____

8 Check your type of residence.

<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Duplex
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Condominium
<input type="checkbox"/> Apartment	<input type="checkbox"/> Other _____

9 Is the residence operated as a cooperative? Yes No

10 On January 1 of the year you returned home, were you the owner of record or did you have a legal or equitable interest in this property? Yes No

• If "No", write the date you acquired an interest in this property. Month ____ / Day ____ / Year ____

11 On January 1 of the year you returned home, did you occupy this property as your principal residence? Yes No

• If "No", write the date you first occupied this property? Month ____ / Day ____ / Year ____

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

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

Step 3: Attach proof of ownership

13 Check the type of documentation you are **attaching** as proof that you are the owner of record or have a legal or equitable interest in the property.

<input type="checkbox"/> Deed	<input type="checkbox"/> Contract for deed
<input type="checkbox"/> Trust agreement	<input type="checkbox"/> Other written instrument
<input type="checkbox"/> Lease	Specify: _____

14 Write the date the written instrument was executed. Month ____ / Day ____ / Year ____

15 Is the instrument recorded? Yes No

16 If known, write the date recorded and the document number from the county records.

Date recorded Month ____ / Day ____ / Year ____

Recorded 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 ____

Form PTAX-341 General Information

What is the Returning Veterans' Homestead Exemption (RVHE)?

The Returning Veterans' Homestead Exemption (35 ILCS 200/15-167) provides a \$5,000 reduction in the equalized assessed value (EAV) of the veteran's principal residence for two consecutive assessment (tax) years, the tax year and the following year that the veteran returns from active duty in an armed conflict involving the armed forces of the United States. The veteran must own and occupy the property as his or her principal residence on January 1 of each assessment year. A veteran who acquires a principal residence after January 1 of the year he or she returns home is eligible for the RVHE on the principal residence owned and occupied on January 1 of the next tax year.

Note: For purposes of the exemption, "occupy" means your principal place of dwelling which is "the place where a person has his or her true, fixed permanent home and principal establishment, and to which, whenever he or she is absent, he or she has the intention of returning."

Who is eligible?

To qualify for this exemption you must

- be an Illinois resident who has served as a member of the U.S. Armed Forces, Illinois National Guard, or U.S. Reserve Forces,
- have returned from active duty in an armed conflict involving the armed forces of the U.S.,
- have owned or had a legal or equitable interest in the land on which a single-family residence is situated and used as your principal place of residence on January 1 of the assessment years, and
- be liable for the payment of the property taxes.

Note: A representative can apply on behalf of a deceased veteran who has met the qualifications listed above.

Is the resident of a cooperative apartment eligible?

To qualify for this exemption, the resident must be

- the owner of record of a legal or equitable interest in the property,
- occupy it as a principal residence, and
- be liable by contract with the owner(s) of record for the property tax payments.

A resident of a cooperative apartment building who has a leasehold interest **does not** qualify for this exemption.

When will I receive my exemption?

You should apply for this exemption for the assessment year that you return home. The County Board of Review has the final authority to grant your exemption. If granted, your exemption will be applied to the property tax bills paid the two years following the assessment years.

Can I receive the exemption again?

The exemption applies "only for the tax year and the following tax year in which the veteran returns from active duty in an armed conflict involving the armed forces of the U.S." You may be eligible for this exemption again if you return home from active duty in a subsequent year.

Do I need to provide documentation?

Your Chief County Assessment Officer (CCAO) will require documentation to verify your eligibility for this exemption.

If you were discharged from active duty service, you must provide

- the original Form DD 214; or
- a copy of Form DD 214 certified by the county recorder, recorder of deed's, IL Dept. of Veterans' Affairs, or the National Archives Record Center.

If you are still on active duty after returning home, you must provide

- Form DD 220; or
- military orders and travel voucher stating that you are returning from an armed conflict involving the armed forces of the U.S. within the tax year that you returned home.

When and where must I file Form PTAX-341?

You should apply for this exemption for the year when you return from active duty in an armed conflict involving the armed forces of the United States. You must reapply for this exemption if you continue to meet the eligibility requirements and change your principal residence. Contact your CCAO at the address and phone number stated below for assistance and the due date for filing for this exemption. Mail your completed Form PTAX-341 and supporting documentation to the address below.

If you have any questions, please call:

(847) 377-2050 _____

Mail your completed Form PTAX-341 to:

_____ Lake _____ County Chief County Assessment Officer

18 N County Street _____

Mailing address

Waukegan _____

City

IL 60085 _____

ZIP

Official use. Do not write in this space.

Date received

____/____/____
Month Day Year

Board of review action date

____/____/____
Month Day Year

Verify proof of eligibility _____

Approved Denied for _____
Year veteran returned home

Approved Denied for _____
Following year

Comments: _____

Reason for denial: _____

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 Were you liable for paying the property taxes on this property from either January 1st or from the date of occupancy? Yes No

5 Check your type of residence.

<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Duplex
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Condominium
<input type="checkbox"/> 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 What date **did you** first occupy this property as your principal residence? _____
Month / Day / Year

8 Is any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? Yes No

9 Were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs at any time during this year? Yes No
If "Yes," complete Lines a through c.

a Enter the name and address of the facility and the dates of residency there for this assessment year .

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 at the time of occupancy? 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.

<input type="checkbox"/> Deed	<input type="checkbox"/> Contract for deed
<input type="checkbox"/> Trust agreement	<input type="checkbox"/> Other written instrument
<input type="checkbox"/> 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

Form PTAX-342 General Information

What is the Standard Homestead Exemption for Veterans with Disabilities (SHEVD)?

The SHEVD (35 ILCS 200/15-169) provides an annual reduction in the equalized assessed value (EAV) of a primary residence occupied by a veteran with a disability, or the veteran's surviving spouse, on January 1 of the assessment year or on a prorated basis during the time of occupancy for the assessment year. The SHEVD amount depends on the percentage of the service-connected disability as certified by the U.S. Department of Veterans' Affairs.

If the veteran has a service-connected disability of 30% or more but less than 50%, then the annual exemption is \$2,500; if the veteran has a service-connected disability of 50% or more but less than 70%, then the annual exemption is \$5,000; and if the veteran has a service-connected disability of 70% or more, then the residential property is exempt from taxation under this Code.

Who is eligible?

To qualify for the SHEVD, the veteran must

- be an Illinois resident 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, and who has an honorable discharge;
- have at least a 30 percent service-connected disability certified by the U.S. Department of Veterans' Affairs; and
- own and occupy the property as the primary residence during all or a portion of the assessment year or lease and occupy a single family residence during all or a portion of the assessment year and be liable for the payment of the property taxes to the county.

Note: The property's total EAV must be less than \$250,000 after subtracting any portion used for commercial purposes. "Commercial purposes" include any portion of the property rented for more than 6 months.

If you previously received the SHEVD and now reside in a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs, you are still eligible to receive the SHEVD provided your property is occupied by your spouse; or remains unoccupied during the assessment year.

Is a surviving spouse eligible?

An **un-remarried** surviving spouse of a veteran who is deceased can also continue to receive the SHEVD on his or her spouse's primary residence, provided the SHEVD had previously been granted to the veteran.

An un-remarried surviving spouse of a veteran killed in the line of duty is eligible for the SHEVD on his/her primary residence, even if the veteran did not previously qualify or obtain the SHEVD.

The surviving spouse can transfer the SHEVD to another primary residence after the veteran's original primary residence is sold. An **un-remarried** surviving spouse must occupy and hold legal or beneficial title to the primary residence in the assessment year.

Do I need to provide documentation?

Your Chief County Assessment Officer (CCAO) will require documentation to verify your eligibility for the SHEVD. You must provide documentation from the U.S. Department of Veterans' Affairs for the current assessment year and one of the following documents that is the original or a copy certified by the county recorder, recorder of deeds, Illinois Department of Veterans' Affairs, or the National Archives Record Center.

- Form DD 214 or separation of service from the War Department (military service prior to 1950);
- Certification of Military Service Form; or
- Illinois Driver's license or ID card showing a Veteran's Designation.

To request documentation that specifies your percentage of "service-connected disability rating,"

- call your local Department of Veteran's Affairs office (or other veteran's assistance office), or
- go online to your Veteran's E-benefit account at ebenefits.va.gov.

Any other rating is not valid.

An **un-remarried** surviving spouse of a veteran with a disability, who previously received this exemption, must provide the following documents to transfer the SHEVD to themselves or to transfer the SHEVD to a new primary residence:

- the veteran's marriage certificate;
- the veteran's death certificate; and
- proof of ownership.

In the event the veteran was killed in the line of duty, the surviving spouse must **also** provide, in place of the veteran's death certificate, the DD Form 1300, Report of Casualty, issued from the United States Department of Defense. Contact the Department of Veteran's Affairs for assistance in obtaining this form.

When will I receive my exemption?

The year you apply for the SHEVD is referred to as the assessment year. The county board of review, while in session for the assessment year, has the final authority to grant your SHEVD. If granted, your SHEVD will be applied to the property tax bill paid the year following the assessment year. The exemption will be prorated if the property is occupied for only a portion of the assessment year.

When and where do I file my Form PTAX-342?

You (including an **un-remarried** surviving spouse applying for the first time or for a new primary residence) should file your Form PTAX-342 with your CCAO by the due date to receive this exemption. Contact your CCAO at the address and phone number below for assistance and filing information with your county.

Note: To continue receiving the SHEVD on your residence, you must file Form PTAX-342-R, Annual Verification of Eligibility for Standard Homestead Exemption for Veterans with Disabilities, each year with your CCAO.

Lake _____ County, CCAO

18 N County St - 7th Floor

Mailing address

Waukegan

IL 60085

City

ZIP

If you have any questions, call (847) 377 - 2100

Are there other homestead exemptions available for a person with a disability?

Yes. However, only one of the following homestead exemptions may be claimed on your property for a single assessment year:

- Veterans with Disabilities Exemption
- Homestead Exemption for Persons with Disabilities
- Standard Homestead Exemption for Veterans with Disabilities

Official use. Do not write in this space.

Date received: ____/____/____

Verify proof of eligibility _____

Exemption amount

\$2,500 \$5,000 Tax exempt \$ _____

Is the residential EAV over \$250,000? Yes No

Assessment information

EAV of improvements \$ _____

EAV of land \$ _____

Total EAV of improvement/land \$ _____

EAV commercial/rented property \$ _____

Total EAV minus commercial/rented EAV \$ _____

Board of review action date: ____/____/____

Approved

Denied

Reason for denial _____

Comments: _____

Note: An EAV of \$250,000 or more, excluding commercial property or portion of the property rented for more than 6 months, does not qualify for SHEVD.

PTAX-342-R Annual Verification of Eligibility for Standard Homestead Exemption for Veterans with Disabilities

Read this first

To continue to receive the Standard Homestead Exemption for Veterans with Disabilities (SHEVD), you must file Form PTAX-342-R each year with your Chief County Assessment Officer (CCAO). Failure to do so may result in the termination of the exemption. Your service-connected disability must be certified by the U.S. Department of Veterans' Affairs.

Note: Only an **un-remarried**, surviving spouse of a veteran killed in the line of duty, or a veteran with a disability who previously received the SHEVD can continue to receive the SHEVD provided the spouse has legal or beneficial title to the residential property. A surviving spouse that remarries no longer qualifies for the SHEVD.

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City

State ZIP

(_____) _____
Daytime phone Email address

2 Check **one** statement that applies.

- a Veteran with a disability who currently has a service-connected disability of 30% or more but less than 50%.
- b Veteran with a disability who currently has a service-connected disability of 50% or more but less than 70%.
- c Veteran with a disability who currently has a service-connected disability of 70% or more. If this is an increase from the prior year, you must submit documentation verifying the increase.
- d **Un-remarried**, surviving spouse who previously received the SHEVD.

Township: _____

3 Assessment year for which you are requesting the SHEVD: _____
Year

4 Did you receive the SHEVD for the prior assessment year on this property? Yes No

If "**Yes**," check the amount of the SHEVD.

- \$2,500 EAV reduction
- \$5,000 EAV reduction
- Property tax exempt residence

5 Enter the property index number (PIN) of the property for which you receive the exemption listed on your property tax bill. You may obtain it from your CCAO. If you are unable to obtain your PIN, write the legal description on Line b.

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

Step 2: Complete the following as it applies to the property and assessment year you identified in Step 1

- 6 Is this the only property for which you have applied for a homestead exemption? Yes No
- 7 On January 1, were you the owner of the property? Yes No
If "**No**," on January 1 did you lease the property? Yes No
- 8 On January 1, did you occupy this property as your principal residence? Yes No
If "**No**," complete Lines a and b.
- a Were you a resident of a facility licensed under the Nursing Home Care Act? Yes No
- b Was this property occupied by your spouse or did it remain unoccupied? 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
- 10 Are you liable for the payment of real estate taxes? Yes No

Step 3: Sign below

I state that to the best of my knowledge, the information contained on this application is true, correct, and complete.

Property owner's or authorized representative's signature
PTAX-342-R (R-08/15)

_____/_____/_____
Month Day Year

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

Township: _____

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.

Form PTAX-343 General Information

What is the Homestead Exemption for Persons with Disabilities?

The Homestead Exemption for Persons with Disabilities (HEPD) (35 ILCS 200/15-168) provides an annual \$2,000 reduction in the equalized assessed value (EAV) of the property owned and occupied as the primary residence on January 1 of the assessment year by a person with a disability who is liable for the payment of property taxes.

Who is eligible?

To qualify for the HEPD you must

- have a disability during the assessment year (*i.e.*, cannot participate in any “substantial gainful activity by reason of a medically determinable physical or mental impairment” which will result in the person’s death or that will last for at least 12 continuous months),
- own or have a legal or equitable interest in the property on which single-family residence is occupied as your primary residence on January 1 of the assessment year, and
- be liable for the payment of the property taxes.

If you previously received the HEPD and now reside in 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 you are still eligible to receive the HEPD provided your property

- is occupied by your spouse; or
- remains unoccupied during the assessment year.

If you are a resident of a cooperative apartment building or life care facility as defined under Section 2 of the Life Care Facilities Act you are still eligible to receive the HEPD provided you occupy the property as your primary residence and you are

- liable by contract with the owner(s) of record for the payment of the apportioned property taxes on the property; and
- an owner of record of a legal or equitable interest in the cooperative apartment building. Leasehold interest **does not** qualify for this exemption.

What documentation is required?

You must provide **one** of the following items to qualify for the HEPD. The proof of disability must be for the **assessment year** shown on Line 3 of this application.

- A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State’s Office. Class 2 or Class 2A qualifies for this exemption. Class 1 or 1A does **not** qualify.
- Proof of Social Security Administration disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI). If you are under full retirement age and receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (COLA Forms SSA-L8151, SSA-L8155, or SSA-L8156).
- Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating

you are receiving a pension for a non-service connected disability.

- Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.
- If you are unable to provide any of the items listed above as proof of your disability, each year you must submit Form PTAX 343-A, Physician’s Statement for the Homestead Exemption for Persons with Disabilities to your Chief County Assessment Officer (CCAO). This form must be completed by a physician. You may be required to provide additional documentation. **You are responsible for any physicians’ costs.**

Can I estimate the amount of my exemption?

Yes. Multiply the \$2,000 reduction in EAV by the total tax rate shown on your most recent property tax bill.

Example: \$2,000 EAV X 7% = \$140 estimated exemption

When will I receive my exemption?

The year you apply for this exemption is referred to as the assessment year. The County Board of Review while in session for the assessment year has the final authority to grant your exemption. If your exemption is granted, it will be applied to the property tax bill that is paid the year following the assessment year.

When and where must I file this Form PTAX-343?

Contact your CCAO at the telephone number or address below for assistance and to verify your county’s due date.

Note: To continue to receive this exemption, you must file Form PTAX-343-R, Annual Verification of Eligibility for the Homestead Exemption for Persons with Disabilities, each year with your CCAO.

File or mail your completed Form PTAX-343:

Lake County Chief County Assessment Office
18 N. County St. 7th Floor
Waukegan, IL 60085

If you have any questions, please call: (847) 377- 2050

Can I designate another person to receive a property tax delinquency notice for my property?

Yes. Contact your CCAO for information on how to designate another person to receive a duplicate of a property tax delinquency notice for your property.

Are there other homestead exemptions available for a person with a disability?

Yes. However, only one of the following homestead exemptions may be claimed on your property for a single assessment year

- **Veterans with Disabilities Exemption**
- **Homestead Exemption for Persons with Disabilities**
- **Standard Homestead Exemption for Veterans with Disabilities**

Official use. Do not write in this space.

Date received: ___/___/___

Verify Proof of Disability: 1 2 3 4 5

Expiration date: ___/___/___

Board of review action date: ___/___/___

Approved Denied

Reason for denial _____

PTAX-343-A Physician's Statement for the Homestead Exemption for Persons with Disabilities

Read this first

To qualify for the Homestead Exemption for Persons with Disabilities (HEPD), proof of a disability is required. The acceptable proof of disability is listed on the back of this Form. If you are unable to provide any of these as proof of your disability, you and an Illinois licensed physician must complete Form PTAX-343-A. You are responsible for any physicians' costs.

Step 1: Applicant - Complete the following information

- 1** _____
Property owner's name
- _____
Street address of homestead property
- _____
City _____ IL _____ ZIP _____
- (_____) _____ - _____
Daytime phone
- 2** Write the assessment year for which you are requesting the HEPD: _____
Year
- 3** Write the property index number (PIN) of the property for which you are filing this form. Your PIN can be found 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, write the legal description on Line b.
- a** PIN _____
- b** Attach a separate sheet if needed.

Step 2: Physician - Complete the following information

Part A: Patient information - Please print.

The patient must meet the disability criteria established by the Social Security Administration.

Note: Alcoholism or drug abuse is not included in the Social Security Administration's guidelines as a qualification for disability status.

- 4** Patient's name: _____
- 5** Date patient became disabled ____/____/____
- 6** Can the patient do the same type of work as prior to their disability? Yes No
- 6a** Was the patient able to work for a living after this date? Yes No
- 7** Has the disability lasted or is it expected to continue for 12 months or more? Yes No
- 8** Check **all** major body systems, disorders, and diseases of the patient's disability:
- | | |
|--|---|
| <input type="checkbox"/> 1.00 Musculoskeletal | <input type="checkbox"/> 8.00 Skin |
| <input type="checkbox"/> 2.00 Special Senses and Speech | <input type="checkbox"/> 9.00 Endocrine |
| <input type="checkbox"/> 3.00 Respiratory | <input type="checkbox"/> 10.00 Impairments that Affect Multiple Body |
| <input type="checkbox"/> 4.00 Cardiovascular | <input type="checkbox"/> 11.00 Neurological |
| <input type="checkbox"/> 5.00 Digestive | <input type="checkbox"/> 12.00 Mental |
| <input type="checkbox"/> 6.00 Genitourinary | <input type="checkbox"/> 13.00 Malignant Neoplastic |
| <input type="checkbox"/> 7.00 Hematological | <input type="checkbox"/> 14.00 Immune |
- 9** What is the nature of the disability? _____

Part B: Physician information

- 10** Name: _____
- 11** Your Illinois physician's license number issued by the Illinois Department of Financial and Professional Regulations: 0 3 6 - _____

12 Sign below:

I have examined this patient and based on the Social Security Administration's criteria for disability, I state that the information contained in Step 2 is true, correct and complete to the best of my knowledge.

Physician's signature: _____ Date: ____/____/____

PTAX-343-R

Annual Verification of Eligibility for the Homestead Exemption for Persons with Disabilities (HEPD)

Read this first

To continue to receive the HEPD, you must file Form PTAX-343-R each year with your Chief County Assessment Officer (CCAO) by your county's due date. Failure to do so may result in the termination of the exemption.

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City State ZIP

(_____) - _____
Daytime phone Email address

Township: _____

2 Your date of birth: ____/____/____

3 Assessment year for which you are requesting this exemption: _____
Year

4 Enter the property index number (PIN) of the property for which you receive the exemption listed on your property tax bill. You may obtain it from your CCAO. If you are unable to obtain your PIN, attach a copy of the legal description.

a PIN _____

Step 2: Complete your affidavit

Part 1: Check either "yes" or "no" as it applies to the property and assessment year you identified in Step 1.

- 5 Is this the only property for which you have applied for this exemption? Yes No
- 6 On January 1, were you the owner of record, or have a legal or equitable interest, or have a life care contract with a facility under the Life Care Facilities Act? Yes No
- 7 Are you liable for the payment of real estate taxes? Yes No
- 8 On January 1, did you occupy this property as your primary residence? Yes No
- 9 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 or did it remain unoccupied? Yes No

Part 2: Mark the statement to identify the proof of disability that qualifies you for the HEPD

If your proof of disability benefits has expired, terminated or switched to retirement from the prior assessment year, your CCAO may require additional documentation. If you check "e" below, you must attach your completed Form PTAX-343-A. See instructions.

- 10 a Valid Class 2 or 2A Illinois Disabled Person Identification Card issued from the Illinois Secretary of State.
ID card number: _____ Issue date: ____/____/____
Class: _____ Expiration date: ____/____/____
- b Social Security Administration (SSA) disability benefits
- c Veterans Administration (VA) pension for a non-service connected disability
- d Railroad or Civil Service disability benefits for total (100%) disability
- e Form PTAX-343-A, Physician's Statement for the Homestead Exemption for Persons with Disabilities.

Step 3: Sign below

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

Property owner's or authorized representative's signature Date ____/____/____

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.

What is the Homestead Exemption for Persons with Disabilities?

The Homestead Exemption for Persons with Disabilities(HEPD) (35 ILCS 200/15-168) provides an annual \$2,000 reduction in the equalized assessed value (EAV) of the property owned and occupied as the primary residence on January 1 of the assessment year by a person with a disability who is liable for the payment of property taxes.

Who is eligible?

To qualify for the HEPD you must

- have a disability during the assessment year (*i.e.*, cannot participate in any “substantial gainful activity by reason of a medically determinable physical or mental impairment” which will result in the person’s death or that will last for at least 12 continuous months),
- own or have a legal or equitable interest in the property on which a single-family residence is occupied as your primary residence on January 1 of the assessment year, and
- be liable for the payment of the property taxes.

If you previously received the HEPD and now reside in 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 you are still eligible to receive the HEPD provided your property

- is occupied by your spouse; or
- remains unoccupied during the assessment year.

If you are a resident of a cooperative apartment building or life care facility as defined under Section 2 of the Life Care Facilities Act (210 ILCS 40/1 *et. seq.*) you are still eligible to receive the HEPD provided you occupy the property as your primary residence and you are

- liable by contract with the owner(s) of record for the payment of the apportioned property taxes on the property; and
- an owner of record of a legal or equitable interest in the cooperative apartment building. Leasehold interest **does not** qualify for this exemption.

What documentation is required?

Your Chief County Assessment Officer (CCAO) may request you to provide documentation as proof of your disability to continue to qualify for the HEPD. You must provide documentation if your proof of disability has changed or expired from the prior year, including Social Security Administration’s disability benefits that switched over to retirement benefits. The proof of disability must be for the **assessment year** shown on Line 3 of this application.

If you are unable to provide any of the items listed below as proof of your disability, you must resubmit Form PTAX 343-A, Physician’s Statement for Homestead Exemption for Persons with Disabilities, each year to your CCAO. This form must be completed by a physician. **You are responsible for any physicians’ costs.**

- 1 A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State’s Office. Class 2 or Class 2A qualifies for this exemption. Class 1 or 1A does **not** qualify.
- 2 Proof of Social Security Administration disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI). If you are under full retirement age and receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (COLA Forms SSA-L8151, SSA-L8155, or SSA-L8156).
- 3 Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.
- 4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

When will I receive my exemption?

The year you apply (renew) for this exemption is referred to as the assessment year. The County Board of Review while in session for the assessment year has the final authority to grant your exemption. If your exemption is granted, it will be applied to the property tax bill paid the year following the assessment year.

When and where must I file Form PTAX-343-R?

To continue to receive this exemption, you must file Form PTAX-343-R, each year with your CCAO. Failure to do so may result in termination of the exemption. Contact your CCAO at the telephone number or address below for assistance and to verify your county’s due date.

File or mail your completed Form PTAX-343-R:

Lake County Chief County Assessment Office
18 N. County St. 7th Floor
Waukegan, IL 60085

If you have any questions, please call: (847) 377- 2050

Can I designate another person to receive a property tax delinquency notice for my property?

Yes. Contact your CCAO for information on how to designate another person to receive a duplicate of a property tax delinquency notice for your property.

Are there other homestead exemptions available for a person with a disability?

Yes. However, only one of the following disabled homestead exemptions may be claimed on your property for a single assessment year

- Veterans with Disabilities Exemption
- Homestead Exemption for Persons with Disabilities
- Standard Homestead Exemption for Veterans with Disabilities

Official use. Do not write in this space.

Date received: ___/___/___

Board of review action date: ___/___/___

Verify Proof of Disability: 1 2 3 4 343-A

Approved Denied

Expiration date: ___/___/___

Reason for denial _____

Comments: _____

Application and Affidavit for Veterans Organization Assessment Freeze

Step 1: Complete the following information

Please type or print

1 Name of veterans organization
Street address of veterans organization's property
Mailing address, if different than above
City State ZIP
Name of contact person Phone

2 Write the property index number (PIN) of the property for which you are requesting this assessment freeze. Your PIN is listed on your property tax bill or you may obtain it from the CCAO.
a PIN
b Write the legal description only if you are unable to obtain your PIN.

3 Write the assessment year for which you are applying.
4 Is this the first time you are applying for this assessment freeze? Yes No

Note If yes, please see the instructions for what attachments you must send, along with this form.

5 Are you renewing this assessment freeze and have no changes to report for this assessment year? Yes No

Note If yes, the chief presiding officer only needs to complete Step 1, sign this form, and have it notarized before filing with the CCAO.

6 Are you renewing this assessment freeze and have changes to report for this assessment year? Yes No

Note If yes, the chief presiding officer needs to complete Step 1, any lines in Step 2 that have changed, sign this form, and have it notarized before filing with the CCAO. See "How do I renew the assessment freeze?" for what you may need to attach.

Step 2: Complete this affidavit

7 Did your organization own or have a legal or equitable ownership interest in the property on January 1 of this assessment year? Yes No
If yes, check and complete the appropriate line below.
a Deed or contract for deed executed
b Other (specify)

8 Is your organization liable for the property taxes on the property for this assessment year? Yes No

9 Is the principal post, camp, or chapter located on this property? Yes No

10 Does your organization lease any of the property to another person or entity not qualified to receive this assessment freeze? Yes No
If yes, you must attach a copy of the lease.

11 Write the dimensions or acreage of the property.

12 Describe your organization's activities that take place on this property.

13 Write for each building on the property, the square feet of ground area (SFGA), number of stories, and if there is a basement.

Table with 3 columns: SFGA, No. of stories, Basement Y or N. Rows for Bldg. 1, Bldg. 2, Bldg. 3.

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

Signature of chief presiding officer Date

Subscribed and sworn to before me this day of, 20.

Form PTAX-763 Instructions

What is the Veterans Organization Assessment Freeze?

The veterans organization assessment freeze (35 ILCS 200/10-300) allows qualified veterans organizations (chartered under federal law) to elect to freeze the assessed value (AV) of the real property it owns and on which is located the principal building for the post, camp, or chapter. The AV is frozen by the chief county assessment officer (CCAO) at 15 percent of the 1999 AV for the property that qualified in tax year 2000, OR 15 percent of the AV for the property for the tax year that the property first qualifies after tax year 2000.

Any improvements or additions that are made to the property that increase the AV of the property also are frozen at 15 percent of the AV of the improvement or addition in the year first assessed.

Who qualifies for the assessment freeze?

To qualify, a veterans organization must be chartered under federal law and own and use the real property on which is located the principal building for the post, camp, or chapter.

How do I apply for the assessment freeze for the first time?

The veterans organization's chief presiding officer should complete and sign this Form PTAX-763, to apply for the assessment freeze. You must have the form notarized and attach supporting documentation. See "What do I need to attach to Form PTAX-763?".

How do I renew the assessment freeze?

If you are renewing this assessment freeze and **have no changes** to report for this assessment year, the chief presiding officer only needs to complete Step 1, sign the form, and have it notarized before filing it with the CCAO.

If you are renewing this assessment freeze and **have changes** to report for this assessment year, you must complete Step 1, any lines in Step 2 that have changed, sign the form, and have it notarized before filing with the CCAO. In addition, you must attach documentation explaining the change. Some examples of changes you should report include

- additions or improvements
- change in name of veterans organization
- conveyance of property
- destruction or removal of improvements
- leasing of property

What do I need to attach to Form PTAX-763?

You **must attach copies** of the following to your Form PTAX-763:

- Your organization's congressional charter;
- Your organization's articles of incorporation; and
- Proof of ownership or other legal or equitable interest in the property, such as a deed, contract for deed, or trust document.

When should I file Form PTAX-763?

For all counties but Cook County: You must file this Form PTAX-763, with your CCAO by December 31 of the assessment year for which you are applying.

For Cook County: You must file this Form PTAX-763, with the Cook County Assessor by January 31 of the assessment year for which you are applying.

What if I need additional assistance?

If you need additional assistance, please contact your CCAO, whose address and phone number are below.

Where do I mail my completed Form PTAX-763?

Mail your completed Form PTAX-763 to:

Lake County CCAO

18 N. County St. - 7th Floor

Mailing address

Waukegan IL 60085

City

ZIP

If you have any questions, please call:

(847) 377-2050

PTAX-766 Application and Affidavit for IRC 501(c)(2), (c)(8), or (c)(10) Fraternal Organization Assessment Freeze

Step 1: Complete the following information

Please type or print.

1 _____
Name of fraternal organization

Street address of fraternal organization's property

Mailing address, if different than above

City _____ State _____ ZIP _____
() —

Name of contact person _____ Phone _____

2 Write the property index number (PIN) of the property for which you are requesting this assessment freeze. Your PIN is listed on your property tax bill or you may obtain it from the chief county assessment officer.

a PIN _____

b Write the legal description **only** if you are unable to obtain your PIN. _____

3 Write the assessment year for which you are applying.
Assessment year: ____ _

4 Is this the first time you are applying for this assessment freeze? Yes No
Note: If "Yes," please see the instructions for what attachments you must send along with this form.

5 Are you renewing this assessment freeze and **have no changes** to report for this assessment year? Yes No
Note: If "Yes," the chief presiding officer only needs to complete Step 1, sign this form, and have it notarized before filing with the CCAO.

6 Are you renewing this assessment freeze and **have changes** to report for this assessment year? Yes No
Note: If "Yes," the chief presiding officer needs to complete Step 1, any lines in Step 2 that have changed, sign this form, and have it notarized before filing with the CCAO. See "How do I renew the assessment freeze?" for what you may need to attach.

Step 2: Complete this affidavit

7 Did your organization own or have a legal or equitable interest in the property on January 1 of this assessment year? Yes No

If "Yes," check and complete the appropriate line below.

a Deed or contract for deed executed ____/____/____
Month Day Year

b Other (specify) ____/____/____
Month Day Year

8 Is your organization liable for the property taxes on the property for this assessment year? Yes No

9 Does your organization lease any of the property to another person or entity not qualified to receive this assessment freeze? Yes No

If "Yes," you must attach a copy of the lease.

10 Describe your organization's activities that take place on this property. _____

11 Do your members provide direct or indirect financial support for charitable works, such as medical care, drug rehabilitation, or education? Yes No

12 Is the principal building for your organization located on this property? Yes No

13 Write the dimensions or acreage of the property. _____

14 Write for each building on the property, the square feet of ground area (SFGA), number of stories, and indicate if there is a basement.

	SFGA	No. of stories	Basement Y or N
a Bldg. 1	_____	_____	_____
b Bldg. 2	_____	_____	_____
c Bldg. 3	_____	_____	_____

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

_____/____/____
Signature of chief presiding officer Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Form PTAX-766 Instructions

What is the IRC 501(c)(2), (c)(8), or (c)(10) Fraternal Organization Assessment Freeze?

The Internal Revenue Code (IRC) Section 501(c)(2), (c)(8), or (c)(10) fraternal organization assessment freeze, enacted under 35 ILCS 200/10-360, allows any qualified fraternal organization or its affiliated Illinois not-for-profit corporation chartered prior to 1920 to elect to freeze the assessed value (AV) of the real property it owns and uses. The AV is frozen by the chief county assessment officer (CCAO) at 15 percent of tax year 2002 AV for property that qualifies in tax year 2003, **or** 15 percent of the AV for property for the tax year the property first qualifies after tax year 2003.

Any improvements or additions made to the property that increase the AV of the property also are frozen at 15 percent of the AV of the improvement or addition in the year first assessed.

Who qualifies for the assessment freeze?

To qualify, a fraternal organization or its affiliated Illinois not-for-profit corporation chartered prior to 1920 must

- own and use real property,
- be an exempt entity under IRC Section 501(c)(2), (c)(8), or (c)(10), **and**
- consist of members who provide, directly or indirectly, financial support for charitable works, such as medical care, drug rehabilitation, or education.

How do I apply for the assessment freeze for the first time?

The fraternal organization's chief presiding officer should complete and sign Form PTAX-766, to apply for this assessment freeze. You must have the form notarized and attach supporting documentation. See "What do I need to attach to Form PTAX-766?"

How do I renew the assessment freeze?

If you are renewing this assessment freeze and **have no changes** to report for this assessment year, the chief presiding officer only needs to complete Step 1, sign this form, and have it notarized before filing it with the CCAO.

If you are renewing this assessment freeze and **have changes** to report for this assessment year, the chief presiding officer must complete Step 1, any lines in Step 2 that have changed, sign this form, and have it notarized before filing it with the CCAO. In addition, you must attach documentation explaining any changes. Some examples of changes you should report include

- additions or improvements,
- change in name of fraternal organization,
- conveyance of property,
- destruction or removal of improvements,
- leasing of property.

What do I need to attach to Form PTAX-766?

Your fraternal organization **must attach copies** of the following to Form PTAX-766.

- a Proof of an Illinois not-for-profit corporation charter prior to 1920 —
 - your fraternal organization's Illinois charter issued prior to 1920; **or**
 - a certification that your fraternal organization was chartered in Illinois prior to 1920; **or**
 - a certification that your fraternal organization was affiliated with a qualified fraternal organization that was chartered in Illinois prior to 1920.

- b Proof of exempt status under IRC Section 501(c)(2), (c)(8), or (c)(10) such as

- an IRS group exemption letter to an organization, plus a copy of an annual IRS filing by that organization, that lists your organization covered by the exemption letter; **or**
- Your U.S. Form 990; **or**
- Your IRS determination letter in response to your filing of U.S. Form 1024.

- c Proof of ownership or other legal or equitable interest in the property, such as

- a deed; **or**
- a contract for deed; **or**
- a trust document; **or**
- a title insurance policy; **or**
- an organizational agreement; **or**
- an incorporation document; **or**
- a court order; **or**
- an affidavit of adverse possession.

- d Copies of leases or contracts concerning the property, if applicable.

When should I file Form PTAX-766?

For all counties but Cook County: You must file Form PTAX-766, with your CCAO by December 31 of the assessment year for which you are applying.

For Cook County: You must file Form PTAX-766, with the Cook County Assessor by January 31 of the assessment year for which you are applying.

What if I need additional assistance?

If you need additional assistance, please contact your CCAO, whose address and phone number are shown below.

Where do I mail my completed Form PTAX-766?

Mail your completed Form PTAX-766 to:

Lake _____ County CCAO

18 N. County St. - 7th Floor

Mailing address

Waukegan

City

IL 60085

ZIP

If you have any questions, please call:

(847) 377-2050