

PTAX-324 Application for Senior Citizens Homestead Exemption

Step 1: Complete the following information

1 _____
Property owner's name

Street address of property (homestead)

City State ZIP

(_____) _____
Daytime phone

Send notice to (if different than above)

2 _____
Name

Mailing address

City State ZIP

(_____) _____
Daytime phone

3 Write your date of birth. ____/____/____

- 4 Write the assessment year for which you are requesting the senior citizens homestead exemption. _____
- 5 Write the property index number (PIN) of the property for which you are requesting the senior citizens homestead exemption. Your PIN is listed on your property tax bill or you may obtain it from the 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 separate sheet if needed)
- _____
- _____
- 6 Have you previously received a senior citizens homestead exemption on this property? Yes No

Step 2: Complete eligibility information

- 7 Check your type of residence.
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Single-family dwelling | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Townhome | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> 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
- 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
- If No, write the date you acquired an interest in this property. ____/____/____

- 9 On January 1 did you occupy this property as your principal residence? Yes No
- If No, write the date you first occupied this property. (if applicable) ____/____/____
- 10 On January 1 were you a resident of a facility licensed under the Nursing Home Care Act? Yes No
- If Yes,
- a was this property occupied only by your spouse, who is 65 years of age or older? Yes No
- Spouse's date of birth ____/____/____
- b 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.

Step 3: Attach proof of ownership

- 12 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"/> Life care contract |
| <input type="checkbox"/> Lease | |
| <input type="checkbox"/> Other written instrument (specify) _____ | |

- 13 Write the date the written instrument was executed. ____/____/____
- 14 Is the instrument recorded? Yes No
- 15 If known, write the date recorded and the document number from the county records.
- Date recorded ____/____/____
- 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

Date

Form PTAX-324 General Information

What is the Senior Citizens Homestead Exemption?

The senior citizens homestead exemption (35 ILCS 200/15-170) provides for an annual \$3,500 reduction (\$2,500 in Cook County) in the equalized assessed value of the property that you own and occupy, or lease and occupy, as your principal residence during the assessment year, and for which you are liable for the payment of property taxes.

Note: You may receive a pro-rata senior citizens homestead exemption if property is first occupied as your principal residence after January 1 of any assessment year.

Who is eligible?

To qualify for the senior citizens homestead exemption you must

- be 65 years of age or older during the assessment year,
- own or have a legal or equitable interest in property occupied as your principal residence during the assessment year, and
- be liable for the payment of the property taxes.

If you previously received a senior citizens homestead exemption and now reside in a facility licensed under the Nursing Home Care Act (210 ILCS 45/1 *et seq.*), you are still eligible to receive this exemption **provided**

- your property is occupied only by your spouse, who is 65 years of age or older, or
- your property remains unoccupied during the assessment year.

A resident of a cooperative apartment building qualifies for this exemption if the resident is the owner of record of a legal or equitable interest in the property, occupies it as a principal residence, and is liable by contract for the payment of property taxes.

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

A resident of a life care facility qualifies for this exemption if the resident has a life care contract with the owner of the facility and is liable for the payment of property taxes as required under the Life Care Facilities Act (210 ILCS 40/1 *et seq.*).

When and where must I file?

Contact your chief county assessment officer (CCAO) at the address and telephone number shown below to verify any due date for filing this application in your county.

File this form with the CCAO at the address shown below. Once approved to receive this exemption, you may be required to file Form PTAX-329, Certificate of Status-Senior Citizens Homestead Exemption, annually if your CCAO requires such verification.

Note: You may be required to provide additional documentation.

What if I need additional assistance?

If you need additional assistance with this form, please contact your CCAO.

If you have any questions, please call:

(____) _____

Mail your completed Form PTAX-324 to:

_____ County Chief County Assessment Officer

Mailing address _____

City _____ IL _____ ZIP _____

Official use. Do not write in this space.

Date received _____/_____/_____

Approved—Full Year

Approved—Pro-rata

Pro-rata exemption date _____/_____/_____

Denied

Reason for denial

Board of Review action date _____/_____/_____

