

DOCUMENTATION OF INCOME IS REQUIRED

PTAX-340 2024 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Last date to apply: 11/01/2024

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

1 _____	MI	Last name	
First name			
2 _____	4 _____ / _____ / _____		
Mailing address	Date of birth (month, day, year)		
_____	5 (_____) - _____		
City	State	ZIP	Area code and phone number

Part 2: Property information

1 _____

Street address of property for which this exemption application is filed

Township

_____ **IL** _____

City ZIP County

2 _____

Property (parcel) index number (PIN)

Note: The PIN is shown on your property tax bill. You also may obtain it from your chief county assessment officer (CCAO). If you cannot obtain the PIN, attach a copy of the legal description.

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

If you answered "Yes", write the base year, if known. _____

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

Part 3: Household income for 2023 Provide tax form 1040 and all supporting income documents.

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

1 Social Security and SSI benefits. Include Medicare deductions in this total.	1	_____ _____
2 Railroad Retirement benefits. Include Medicare deductions in this total.	2	_____ _____
3 Civil Service benefits	3	_____ _____
4 Annuities, federally taxable pensions and retirement plan distributions.	4	_____ _____
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 26.		
Subtraction item	Amount	
12a _____	_____ _____	
12b _____	_____ _____	
Add the amounts on Lines 12a and 12b, and write the result.	12	_____ _____
13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2023. If the amount is greater than \$65,000, STOP . You do not qualify for this exemption.	13	_____ _____

Do not write in this space.

Date received _____	Income verified _____	___ Yes ___ No
Application number _____	Base year EAV \$ _____	
Base year _____	Revised base year EAV \$ _____	
Revised base year _____	EAV of added improvements \$ _____	
Approved _____ Yes ___ No ___	Base amount \$ _____	

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

On January 1, 2024, the property identified in Part 2, Line 1, was improved with a permanent structure

a _____ that I used as my principal residence.

b _____ for which I received this exemption previously and is either unoccupied or used as my spouse's principal residence. I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013.

Name of facility

Mailing address

2 (Mark the statement that applies.)

On January 1, 2024, I

a _____ was the owner of record of the property identified in Part 2, Line 1.

b _____ had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1.

c _____ had a leasehold interest in the property identified in Part 2, Line 1, that was used as a single-family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1.

Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2023.

4 (Mark the statement that applies.)

a _____ In 2024, I am, or will be, 65 years of age or older.

b _____ In 2024, my spouse, who died in 2024, would have been 65 years of age or older. (Complete the following information.)

Deceased spouse's name

Tax ID number

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 am applying for a low-income senior citizens assessment freeze homestead exemption for 2024.

6 The amount reported in Part 3, Line 13, of this form includes the income of my spouse and all persons living in my household and the total household income for 2023 is \$65,000 or less.

7 On January 1, 2024, 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, 2024. The total income of all individuals and my spouse (regardless of his or her principal residence) are included in Part 3. (Attach an additional sheet if necessary.)

First and last name

First and last name

a _____ **c** _____
b _____ **d** _____

8 (Mark the statement that applies.) **Only complete the name and address of spouse below if you mark "C"**

On January 1, 2024, I was

a _____ single, widow(er), or divorced.

b _____ married and living together. **c** _____ married, but not living together.

My spouse's name and address is

First name

MI

Last name

Street Address

City

State

ZIP

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

Signature of applicant

Date (month, day, year)

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.

Mail your completed Form PTAX-340 to:

Macon Co. Chief County Assessment Officer

If you have any questions, please call:

(217) 424 — 1364

141 S. Main St., Room 401

Last date to apply 11 / 01 / 2024

Mailing address

Month Day Year

Decatur IL 62523

City ZIP

Printed by the authority of the
state of Illinois-Web only-1

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.