

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.

☐ Single-family dwelling

☐ Duplex

☐ Townhouse

☐ Condominium

☐ Other _____

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

a PIN _____

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

7 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

10 Have you received this exemption at another address? ☐ Yes ☐ No
If yes, please list the address:

Mailing address _____

City _____ State **IL** ZIP _____

Step 2: Complete the disabled veterans' eligibility information

11 Are you an Illinois resident? ☐ Yes ☐ No

12 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

13 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

14a 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 Are you a recipient of dependency and indemnity compensation under federal law? ☐ Yes ☐ No

e Enter the veteran's date of death. _____
Month / Day / Year

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

☐ Deed ☐ Contract for deed

☐ Trust agreement ☐ Other written instrument

☐ Lease Specify: _____

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

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

Recorded document number _____

Date document recorded _____
Month / Day / Year

Step 3, continued: Complete the following information

16 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

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.