YOU MUST ALSO FILL OUT FORM PTAX-343 DISABLED PERSONS HOMESTEAD EXEMPTION

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 physician's costs.

Step 1: Applicant - Complete the following information

1 _____
Property owner's name

_____
Street address of homestead property

_____ IL _____
City 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, Advanced Practice Nurse, Physician Assistant, or Optometrist - 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:

☐	**1.00**	Musculoskeletal	☐	**8.00**	Skin
☐	**2.00**	Special Senses and Speech	☐	**9.00**	Endocrine
☐	**3.00**	Respiratory	☐	**10.00**	Congenital disorders that Affect Multiple Body Systems
☐	**4.00**	Cardiovascular	☐	**11.00**	Neurological
☐	**5.00**	Digestive	☐	**12.00**	Mental
☐	**6.00**	Genitourinary	☐	**13.00**	Cancer (Malignant Neoplastic Diseases)
☐	**7.00**	Hematological	☐	**14.00**	Immune

9 What is the nature of the disability? _____

Part B: Physician, Advanced Practice Nurse, Physician Assistant, or Optometrist information

10 Name: _____

11 Enter your license number and issuing state:

License number: _____ State: _____

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, Advanced Practice Nurse, Physician Assistant, or Optometrist signature Date

General Information

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

Note: Certification by a licensed Optometrist is limited to disabilities related to visual impairment.

What is considered proof of disability?

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, Class 1 or 1A does **not** qualify.

2 Proof of Social Security Administration (SSA) disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only Form SSA-4926-SM-DI). If you are under the age of 65 receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (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 and where must I file this Form PTAX-343-A?

You must file Form PTAX-343- A with your Chief County Assessment Officer (**CCAO**) at the address shown below prior to your county's due date for the Homestead Exemption for Persons with Disabilities (HEPD). Contact your CCAO at the telephone number or address below for assistance.

File or mail your completed Form PTAX-343-A to:

ROCK ISLAND County, CCAO

1504 3RD AVENUE
Mailing address

ROCK ISLAND **IL** **61201**
City ZIP

If you have any questions, please call: (309) 558 - 3660

IF YOU ARE NOT A RESIDENT OF ROCK ISLAND COUNTY- PLEASE MAIL TO YOUR COUNTY OF RESIDENCE.

Social Security Administration's Listing of Impairments

The Listing of Impairments describes, for each major body system, impairments that are considered severe enough to prevent a person from doing any gainful activity. Most of the listed impairments are permanent or expected to result in death, or a specific statement of duration is made. For all others, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months. The criteria in the listing of impairments are applicable to evaluation of claims for disability benefits from the Social Security Administration (SSA). Visit the SSA website for more specific information at **ssa.gov**.

1.00	Musculoskeletal System	**8.00**	Skin Disorders
2.00	Special Senses and Speech	**9.00**	Endocrine Disorders
3.00	Respiratory System	**10.00**	Congenital Disorders that Affect Multiple Body Systems
4.00	Cardiovascular System	**11.00**	Neurological
5.00	Digestive System	**12.00**	Mental Disorders
6.00	Genitourinary System	**13.00**	Cancer (Malignant Neoplastic Diseases)
7.00	Hematological Disorders	**14.00**	Immune Systems Disorders

Official use. Do not write in this space.

Date received: ___ ___/___ ___/___ ___ ___ ___
Month Day Year

DFPR license verified: ___ ___/___ ___/___ ___ ___ ___
Month Day Year

Comments:_____

_____

_____

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

_____ IL _____
City 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

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.

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.
5. 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:

ROCK ISLAND County, CCAO

1504 3RD AVENUE
Mailing address

ROCK ISLAND **IL** **61201**
City ZIP

If you have any questions, please call: (309) 558-3660

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:___ ___/___ ___/___ ___ ___ ___

Board of review action date: ___ ___/___ ___/___ ___ ___ ___

Verify Proof of Disability: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

☐ Approved ☐ Denied

Expiration date:___ ___/___ ___/___ ___ ___ ___

Reason for denial _____

_____ _____

_____ _____