

PTAX-342 Application for Disabled Veterans' Standard Homestead Exemption (DVSHE)

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 year for which you are filing this form. _____
Year

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

a If "YES", check the amount of the DVSHE.
 \$2,500 EAV reduction \$5,000 EAV reduction

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

6 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 _____

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

a PIN ____ - ____ - ____ - ____ - ____

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

8 On January 1, **did you** occupy this property as your principal residence? Yes No

a If "NO", write the date you first occupied this property (if applicable). ____/____/____
Month Day Year

9 On January 1, was any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? 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 disabled veteran 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

13 If you are the surviving spouse, were you remarried as of January 1? Yes No

14 If you are claiming the DVSHE 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 Write 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 residence for the first time? Yes No

If YES, complete Lines a through c.

a _____
Deceased disabled veteran's name Date of death

b Did you sell your spouse's homestead property that received the DVSHE? Yes No

c Identify the disabled veteran's homestead property. You can obtain this information from the property tax bill or CCAO.

Property owner's name _____

Street address of homestead property _____

City _____ **IL** _____
State 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 Disabled Veterans' Standard Homestead Exemption (DVSHE)?

The Disabled Veterans' Standard Homestead Exemption (35 ILCS 200/15-169) provides an annual reduction in the equalized assessed value (EAV) of a primary residence occupied by a disabled veteran on January 1 of the assessment year. The DVSHE amount depends on the percentage of the service-connected disability as certified by the U.S. Department of Veterans' Affairs. A disabled veteran with at least a 75% service-connected disability will receive \$5,000 reduction in property's EAV. A disabled veteran with at least 50%, but less than 75% service-connected disability will receive a DVSHE of \$2,500 reduction in property's EAV.

Who is eligible?

To qualify for the DVSHE, the disabled 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 not dishonorably discharged.
- at least a 50% service-connected disability certified by the U.S. Department of Veterans' Affairs; and
- own or lease and occupy the property as the primary residence on January 1 of the assessment year.

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.

Is a surviving spouse eligible?

An **un-remarried** surviving spouse of a disabled veteran can continue to receive the DVSHE on his or her spouse's homestead property or transfer the DVSHE to a new primary residence after the disabled veteran's property is sold, provided the DVSHE had previously been granted to the disabled veteran.

An un-remarried surviving spouse must occupy and hold legal or beneficial title to the primary residence on January 1 of the assessment year.

Do I need to provide documentation?

An applicant must provide a disability certification or verification letter 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 deed's, 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); or
- Certification of Military Service Form.

An **un-remarried** surviving spouse of a disabled veteran applying for the first time or transferring the DVSHE must also provide the disabled veteran's marriage and death certificates and proof of ownership.

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

When will I receive my exemption?

The year you apply for the DVSHE 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 DVSHE. If granted, your DVSHE will be applied to the property tax bill paid the year following the assessment year.

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

You (including an **un-remarried** surviving spouse) should file your Form PTAX-342 each year 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.

Kendall County, CCAO

111 W Fox Street

Mailing address

Yorkville

IL 60560

City

ZIP

If you have any questions, call (630) 553-4146

Are there other homestead exemptions available for disabled persons or disabled veterans?

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

- **Disabled Veterans' Homestead Exemption** - up to \$70,000 reduction in assessed value for federally-approved specially adapted housing (35 ILCS 200/15-165);
- **Disabled Persons' Homestead Exemption** - annual \$2,000 reduction in property's EAV (35 ILCS 200/15-168); or
- **Disabled Veterans' Standard Homestead Exemption** - annual \$2,500 or \$5,000 reduction in property's EAV (35 ILCS 200/15-169).

Official use. Do not write in this space.

Date received _____
Month / Day / Year

Verify proof of eligibility _____

Exemption amount

\$2,500

\$5,000

Board of review action date _____
Month / Day / Year

Approved

Denied

Reason for denial _____

Comments: _____

Assessment information

EAV of improvements \$ _____

EAV of land \$ _____

Total EAV of improvement/land \$ _____

EAV commercial/rented property \$ _____

Total EAV minus commercial/rented EAV \$ _____

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 DVSHE.