

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 _____ State **IL** 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 exemption.

\$2,500 EAV reduction \$5,000 EAV reduction

5 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 _____

6 Write the property index number (PIN) of the property for which you are requesting this exemption. 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.)

7 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

8 On January 1, was any portion of this property used for commercial purposes or rented for for more than 6 months? Yes No

a If **YES**, is the entire property used as commercial or rental property? Yes No

Step 2: Complete the disabled veterans eligibility information

9 Are you an Illinois resident? Yes No

10 Are you a veteran or the 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

11 Are you a veteran or the 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 the section on the back of this form "Do I need to provide documentation with this form?"

Step 3: Complete the following information

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

13 If you are claiming this exemption 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 (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

14 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 _____ 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

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 the primary residence occupied by a disabled veteran on January 1 of the assessment year. The amount of the exemption each year depends on the percentage of the veterans' service-connected disability as certified by the U.S. Department of Veterans' Affairs. A veteran with at least a 75% service-connected disability will receive an annual \$5,000 reduction in EAV, or a veteran with at least 50%, but less than 75% service-connected disability will receive an annual \$2,500 reduction in EAV.

Who is eligible?

To qualify for the disabled veterans' standard homestead exemption, the veteran must meet the following requirements.

- Be an Illinois resident who has 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.
- Have at least a 50% service-connected disability certified by the U.S. Department of Veterans' Affairs.
- Own and occupy the property as the primary residence on January 1 of the assessment year.
- Have a total EAV of less than \$250,000 for the primary residence, excluding the EAV of property used for commercial purposes or rented for more than 6 months.

An unmarried 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. To qualify, the surviving spouse must meet the following requirements.

- Sell the disabled veteran's previous homestead property before transferring the DVSHE to his or her new primary residence.
Note: The DVSHE can only be transferred one time.
- Own and occupy the property as the primary residence and hold a legal or beneficial title to the property on January 1 of the assessment year.
- Have a total EAV of less than \$250,000 for the primary residence, excluding the EAV of property used for commercial purposes or rented for more than 6 months.

Note: Homestead property that is rented by a disabled veteran or surviving spouse does not qualify for this exemption.

Do I need to provide documentation with this form?

The CCAO may require you to provide documentation to verify that you are eligible for this exemption. A first-time applicant will need to provide a Department of Defense DD Form 214, certified by the county recorder, recorder of deed's, or Illinois Department of Veterans' Affairs, and a Disability Certification Letter from the U.S. Department of Veterans' Affairs for the current assessment year. A surviving spouse applying the first time for the DVSHE or transferring the DVSHE to a new residence will also need to provide the disabled veteran's death certificate and proof of ownership.

When will I receive my exemption?

The year that 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 paid the year following the assessment year.

Where can I get assistance and where must I file?

You (including a surviving spouse) must file this application each year with the CCAO by the due date to receive this exemption. Contact the CCAO at the address and telephone number shown below for assistance and information with filing this application in your county.

_____ County, CCAO

Mailing address

_____ IL _____
City ZIP

If you have any questions, call (_____) _____

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

Yes. However, you can claim only one of the following disabled homestead exemptions on your property for a single assessment year. The Disabled Veterans' Homestead Exemption is up to a \$70,000 reduction in assessed value for federally-approved specially adapted housing (35 ILCS 200/15-165), Disabled Persons' Homestead Exemption is an annual \$2,000 reduction in property's EAV (35 ILCS 200/15-168), or Disabled Veterans' Standard Homestead Exemption is an annual reduction of \$2,500 or \$5,000 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

Assessment information

EAV of improvements \$ _____
EAV of land \$ _____
Total EAV of improvement/land \$ _____
EAV commercial/rented property \$ _____
Total EAV minus commercial/rented EAV \$ _____

Note: Total EAV of \$250,000 or more, excluding commercial property, does not qualify for DVSHE.

Board of review action date _____
Month / Day / Year

Approved
 Denied

Reason for denial _____

Comments: _____

