



Application/Renewal for Disabled Veterans' Standard Homestead Exemption

KANE COUNTY ASSESSMENT OFFICE

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Geneva, Illinois 60134-3000

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www.KaneCountyAssessments.org

Section 1: Instructions

A. Taxpayer eligibility. To qualify for this exemption, the taxpayer 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 (not including unemployability) certified by the U.S. Department of Veterans' Affairs.

B. Property eligibility. To be eligible for the exemption:

- The eligible veteran taxpayer must be the owner of record and occupy the house as of January 1 of the assessment year.
- The property must have a total equalized assessed valuation (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 may continue to receive the DVSHE on his or her spouse's homestead property or transfer the DVSHE to a new primary residence. Contact the Kane County Assessment Office for more information.

C. Application. State law requires that an application *must be made each year* the taxpayer remains eligible. Application should be filed with the Kane County Assessment Office by the owner of record no later than November 30 of the assessment year.

D. Restrictions. A taxpayer claims an exemption under 35 ILCS 200/15-165 (Disabled Veterans' Homestead Exemption) or 35 ILCS 200/15-168 (Disabled Persons' Homestead Exemption) may not claim this exemption.

E. Exemption Amount. Under 35 ILCS 200/15-169, qualified taxpayers are permitted an exemption that will remove:

- \$5,000 of equalized assessed value from the property (before taxes are calculated) for a veteran with at least a 70% service-connected disability.
- \$2,500 of equalized assessed value from the property (before taxes are calculated) for a veteran with at least 50%, but less than 70% service-connected disability.

Section 2: Property Identification (please print)

Owner/Taxpayer Name(s): _____ Parcel No. _____ - _____ - _____ - _____

Mailing Address: _____ Property Address: _____

Mailing City, State, ZIP: _____ Property City, State, ZIP: _____

Daytime Telephone: _____ I have owned and occupied this property since _____ month/day/year

Are you receiving a homestead exemption on any other property, either in Kane County or elsewhere? Yes No

Section 3: Oath (Select one)

I have qualified for this homestead exemption in a prior year, and my overall or combined rating percentage has not changed.

I am a first-time applicant or my disability percentage has changed. I attest to the fact that the above address is my principal residence, and I am the owner of record as of January 1 of the assessment year. I am an Illinois resident and I have served in the United States Armed Forces, the Illinois National Guard, or Reserve Forces, and have received an honorable discharge. I have a service-connected disability of at least 50%. In support of this initial application, I hereby supply:

- A Department of Defense DD Form 214, certified by the county recorder or Illinois Department of Veterans' Affairs AND
- A Disability Certification Letter containing the rating percentage from the U.S. Department of Veterans' Affairs for the current assessment year. Unemployability can no longer be included in the overall or combined rating.

Applicant's signature

Date

Official use. Do not write in this space.

Documentation: DD Form 214 Disability Certification Letter

Approved: Yes No; Reason for denial _____ By _____