



Application/Renewal for Persons with Disabilities Homestead Exemption

KANE COUNTY ASSESSMENT OFFICE

719 South Batavia Avenue, Building C
Geneva, Illinois 60134-3000
Voice: (630) 208-3818 • Fax (630) 208-3824

www.KaneCountyAssessments.org

Section 1: Instructions

A. Taxpayer eligibility. To be eligible for the exemption, the taxpayer must be “unable to engage in any substantial gainful activity by reason of a medically determinable physical or medical impairment which can be expected to result in death or can be expected to last for a continuous period of not less than 12 months.” (35 ILCS 200/15-168(b)). A person becoming disabled during an assessment year is eligible in that same year.

RENEWAL APPLICATIONS: You must file this application to renew the exemption each year, but you do not need to attach any documentation unless your disability status has changed.

FIRST TIME APPLICATIONS: You must provide one of the following items to qualify for the Persons with Disabilities Homestead Exemption. The proof of disability must be for the same year as the assessment year that you write in Section 3 of this application:

1. *Proof of Social Security Administration disability benefits.* This proof includes an annual cost of living adjustment (COLA) letter for the current assessment year and an award letter or verification letter. (If Social Security disability benefits have changed over to Social Security retirement benefits, another type of evidence listed below would be required).
2. *A Class 2 Illinois Persons with Disabilities Identification Card from the Illinois Secretary of State’s Office. **Note: Class 2 or Class 2A qualifies for this exemption; a Class 1 or 1A does not qualify.*** You may obtain an application form by visiting www.KaneCountyAssessments.org/ExemptForms.htm or calling the County Assessment Office.
3. *An examination by a physician licensed to practice in Illinois.* The physician must file an affidavit (Form PTAX-343A), indicating that the taxpayer qualifies for the exemption. The costs of any required examination shall be borne by the taxpayer. You may obtain form PTAX-343A by visiting www.KaneCountyAssessments.org/ExemptForms.htm or calling the County Assessment Office.
4. *Proof of Veterans Administration disability benefits.* This proof includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.
5. *Proof of Railroad or Civil Service disability benefits.* This is an award letter or verification letter of total (100%) disability.

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

- The property must be occupied as the primary residence by the eligible taxpayer as of January 1 of the assessment year.
- The eligible taxpayer must be liable for paying the real estate taxes on the property.
- The eligible taxpayer must be an owner of record of the property or have a legal or equitable interest in the property as evidenced by a written instrument. In the case of a leasehold interest in property, the lease must be for a single family residence. In the case of a life estate, the life estate must have been established by a document recorded by the Kane County Recorder.

If a homestead exemption has been granted under this Section and the person awarded the exemption subsequently becomes a resident of a facility licensed under the Illinois ID/DD Community Care Act, the Illinois Nursing Home Care Act, or the Illinois Specialized Mental Health Rehabilitation Act of 2013, then the exemption shall continue so long as the residence continues to be occupied by the qualifying person’s spouse, or if the residence remains unoccupied but is still owned by the person qualified for the homestead exemption.

C. Application. 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 (or person holding equitable interest) no later than November 30 of the year for which an application is made.

D. Restrictions. A taxpayer claims an exemption under 35 ILCS 200/15-165 (Disabled Veterans’ Homestead Exemption) or 35 ILCS 200/15-169 (Disabled Veterans’ Standard Homestead Exemption), may not claim this exemption.

E. Exemption Amount. Under 35 ILCS 200/15-168, qualified taxpayers are permitted an exemption that will remove \$2,000 of equalized assessed value from the property before taxes are calculated.



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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

Do you own any other real estate anywhere in the United States?
 Yes; the address of the real estate is _____
 No; this is the only property I/we own.

If ownership is via a Life Estate, please attach copy or provide document number _____

Section 3: Oath

I attest that:

- My primary residence is the above address as of January 1 of the assessment year, or I am a resident of a facility licensed under the Illinois Intellectually Disabled/Developmentally Disabled Community Care Act, the Illinois Nursing Care Home Act, or the Specialized Mental Health Rehabilitation Act of 2013 and the above address is either vacant or occupied by my spouse;

Name and Address of ID/DD, Nursing, or Specialized Mental Health Facility: _____

- I am the owner of record, or I have a legal or equitable interest in the property as evidenced by written instrument, or I have a life care contract with a facility under the Life Care Facilities Act;
- I am liable for paying the taxes on this property;
- I am/was disabled under one or more of the above-mentioned criteria.

Check one:

- I have qualified for this homestead exemption in a prior year, and my disability status has not changed.
- This is my first time applying for this exemption, and I have attached a copy of the documentation required in Section A of the instructions for this form.

Applicant's signature

Applicant's Date of Birth

Today's Date

Official use. Do not write in this space.

Documentation: A1 A2 A3 A4 A5 Renewal

Approved: Yes No; Reason for denial _____