PTAX-329 Certificate of Status-Senior Citizens Homestead Exemption

Who should file this form?

You should file this form each year if you received a senior citizens homestead exemption in the prior year and your chief county assessment officer (CCAO) requires annual verification of your eligibility status. **Failure to file this form may result in the termination of the exemption.**

Step 1: Complete the following information

1 _____
Property owner's name

_____
Street address of property

_____ IL _____
City State Zip Code

_____
Daytime phone

2 Assessment year for this form 2019

3 PIN __ __ - __ __ __ - __ __ __ - __ __
Property number (number above your name on front of envelope)

4 ___ ___ / ___ ___ / ___ ___ ___ ___
Date of birth (month, day, year)

Step 2: Complete the eligibility status certification information (Questions 5-10) **circle one**

5 Did you receive a senior citizens homestead exemption on this property last year? **5** Yes No

6 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? **6** Yes No

7 On January 1 did you occupy this property as you principal residence? **7** Yes No

8 On January 1 were you a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or MR/DD (mentally retarded/ developmentally disabled) Community Care Act? **If No, continue to Question 9** **8** Yes No

If Yes,
write the name and address of the facility. _____

8a was this property occupied only by your spouse, who is 65 yrs of age or older? **8a** Yes No

8b did this property remain unoccupied? **8b** Yes No

Note: Your exemption can continue if you now reside in a facility licensed under the acts listed in Line 6a. If your property is occupied only by your spouse, who is 65 yrs or older, or your property remains vacant during the assmt year.

9 On January 1 were you liable for the payment of real estate taxes on this property? **9** Yes No

10 Did you receive a senior citizens homestead exemption on any other property in Illinois last year? **10** Yes No

If Yes, write the county location. _____ County

Step 3: Sign below

Under penalties & perjury, I state that to the best of my knowledge, the information on this form is true, correct, and complete.

_____
Property owner's or authorized representative's signature

___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

If you have any questions, please call:
618-498-5571 ext 126

Mail your completed form to:
Jersey County Supervisor of Assessments
200 N Lafayette, Ste 4
Jerseyville, Il. 62052

PTAX-340 Senior Citizens Assessment Freeze on Back.

If your TOTAL household income is $65,000 or less please continue. If you live in a mobile home and get a Priviledge Tax bill please do not fill out the back.

PTAX-340 Senior Citizens Assessment Freeze Exemption

Part 1: Household income for 2018

You must include the income of you, your spouse, and all other individuals who live in your household.

1	Social Security and SSI benefits. Include Medicare deductions in this total.	**1**	
2	Railroad Retirement benefits. Include Medicare deductions in this total.	**2**	
3	Civil Service benefits	**3**	
4	Annuities, federally taxable pensions & retirement plan distributions.	**4**	
5	Human Services & other governmental cash public assistance benefits	**5**	
6	Wages, salaries, and tips from work	**6**	
7	Interest and dividends received	**7**	
8	Net rental, farm, and business income or (loss).	**8**	
9	Net capital gain or (loss).	**9**	
10	Other income or (loss).	**10**	
11	Add Lines 1 through 10.	**11**	

12 Certain subtractions. You may subtract only the reported adjustments to income from US 1040, Line 36, or US 1040A, Line 20.

	Subtraction item	Amount
12a		
12b		

Add the amounts on Lines 12a and 12b, and write the result. **12** _____

13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2018. If the amount is greater than $65,000, STOP. You do not qualify for this exemption. **13** _____

Part 2: Affidavit

14 On January 1, 2019 the following individuals also used the property for their principal residence. My spouse is included if he or she used the property as his or her principal dwelling place on January 1, 2019. The total income of the individuals and my spouse (regardless of his or her principal residence) are included in Part 2.

First and Last Name

a _____

b _____

15 (Mark the statement that applies.)

On January 1, 2019, I was

a___single, widow(er), or divorced. **b**___married and living together. **c**___married, but not living together

Part 3: Sign below

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

_____ ___ ___ / ___ ___ / ___ ___ ___ ___

Signature of applicant — Date (month, day, year)

Subscribed and sworn to before me this

_____ day of _____ ,20 ____, _____

Notary public

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.

Date received _____ Income ver _____ Yes _____ No

Base year _____ Base year EAV _____