

PTAX-340 2020 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Part 1: Applicant information

1 _____ 3 _____ / _____ / _____
 First name MI Last name Date of birth (month, day, year)

2 _____ 4 (_____) _____
 Mailing address Area code and phone number

_____ _____
 City State ZIP

5 Email address _____

Part 2: Property information

1 _____
 Street address of property for which this exemption application is filed Township _____

_____ IL _____
 City ZIP County

2 _____ **Note:** The PIN is shown on your property tax bill.
 Property (parcel) index number (PIN)

3 Have you or your spouse received this exemption for this property previously? Yes No

4 If your spouse maintains a separate residence, has he or she applied for this exemption? Yes No

Part 3: Household income for 2019 – Please include copy of pgs. 1, 2 & schedule 1 of 2019 Federal IRS Form 1040 for you and all other individuals living in your home. If not required to file a tax return, include copy of SSA-1099 & all other 1099 income forms for all people living in your home.

1 Total Gross 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 and retirement plan distributions.	4 _____
5 Human Services and 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). (See instructions for Line 8.)	8 _____
9 Net capital gain or (loss). (See instructions for Line 9.)	9 _____
10 Other income or (loss). (See instructions for Line 10.)	10 _____
11 Add Lines 1 through 10.	11 _____
12 Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1, Line 22.	
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 2019. If the amount is greater than \$65,000 , STOP . You do not qualify for this exemption.	13 _____

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

On January 1, 2020, the property identified in Part 2, Line 1, was improved with a permanent structure

a _____ that I used as my principal residence.

b _____ I received this exemption previously and is either unoccupied or used as my spouse's principal residence.

I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013.

Name of facility

Mailing address

2 (Mark the statement that applies.)

On January 1, 2020, I

a _____ was the owner of record of the property identified in Part 2, Line 1.

b _____ had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1.

c _____ had a leasehold interest in the property identified in Part 2, Line 1, that was used as a single-family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1.

Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2019.

4 (Mark the statement that applies.)

a _____ In 2020, I am, or will be, 65 years of age or older.

b _____ In 2020, my spouse, who died in 2020, would have been 65 years of age or older. (Complete the following)

Deceased spouses name

_____/_____/_____
Date of death (month, day, year)

5 The property identified in Part 2, Line 1, is the only property for which I am applying for a senior citizens assessment freeze homestead exemption for 2020.

6 The amount reported in Part 3, Line 13, of this form includes the income of my spouse and all persons living in my household and the total household income for 2019 is \$65,000 or less.

7 On January 1, 2020, the following individuals also used the property identified in Part 2, Line 1, 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, 2020.

The total income of all individuals and my spouse (regardless of his or her principal residence) are included in Part 3. (Attach an additional sheet if necessary.)

First and last name

Relationship to applicant

a _____
b _____

8 (Mark the statement that applies.)

On January 1, 2020, I was

a _____ single, widow(er), or divorced.

b _____ married and living together.

c _____ married, but not living together.

My spouse's name and address is

First name

MI

Last name

Street Address

City

State

ZIP

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

Month Day Year



Mail or Email your completed Form PTAX-340 to:

MARK STRICKLIN
Waukegan Township Assessor
415 Washington, #206
Waukegan, IL 60085

Email: MStricklin@waukeganassessor.com

If you have any questions please call
Phone: 847-623-4550

**The deadline to apply is July 1 and
may be extended due the current
health crisis.**