

# PTAX-342 Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD)

## Step 1: Complete the following information

**1** \_\_\_\_\_  
Property owner's name

\_\_\_\_\_  
Street address of homestead property

City \_\_\_\_\_ State **IL** ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Daytime phone Email address

Send notice to (if different than above)

**2** \_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Daytime phone Email address

**3** Enter the assessment year for which you are filing this form. \_\_\_\_\_  
Year

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

**5** Check your type of residence.

Single-family dwelling  Duplex

Townhouse  Condominium

Other \_\_\_\_\_

**6** Enter the property index number (PIN) of the property for which you are requesting the SHEVD. Your PIN is listed on your property tax bill or you may obtain it from the Chief County Assessment Officer (CCAO).

**a** PIN \_\_\_\_\_

**b** Enter 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

**8** On January 1, was any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months?  Yes  No

**9** On January 1, were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs?  Yes  No

If "Yes," complete Lines a through c.

**a** Enter the name and address of the facility.

\_\_\_\_\_

\_\_\_\_\_

**b** Was your property occupied by your spouse?  Yes  No

**c** Did your property remain unoccupied?  Yes  No

## Step 2: Complete the disabled veterans' eligibility information

**10** Are you an Illinois resident?  Yes  No

**11** Are you a veteran or the **un-remarried** surviving spouse of a veteran with a disability 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

**12** Are you a veteran or the **un-remarried** 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 "Do I need to provide documentation?" on the back of this form.

## Step 3: Complete the following information

**13a** Are you the surviving spouse of a deceased veteran?  Yes  No

**b** If "Yes," were you remarried as of January 1?  Yes  No

**c** Was the veteran killed in the line of duty?  Yes  No

**d** Enter the veteran's date of death. \_\_\_\_/\_\_\_\_/\_\_\_\_

**14** If you are claiming the SHEVD 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.

Deed  Contract for deed

Trust agreement  Other written instrument

Lease Specify: \_\_\_\_\_

**a** Enter 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

**15** If you are the surviving spouse, are you claiming this exemption on your new primary residence for the first time?  Yes  No

If "Yes," complete Lines a through c.

**a** \_\_\_\_\_  
Name of veteran Date of death

**b** Did you sell your spouse's homestead property that received the SHEVD?  Yes  No

**c** Identify the veteran's homestead property that previously received the SHEVD. 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

