

# 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.

## When and where must I file?

You must file this form with the CCAO at the address shown below by **May 31** of each year. Contact your CCAO for information on how you designate another person to receive a duplicate of a property tax delinquency notice for your property.

**Note:** You may be required to provide additional documentation.

## Step 1: Complete the following information

Please type or print

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
Daytime phone

- 2 Write the assessment year for which you are filing this form. \_\_\_\_\_
- 3 Write the property index number (PIN) of the property for which you are filing this form. Your PIN is listed on your property tax bill or you may obtain it from the CCAO. If you are unable to obtain your PIN, attach a copy of the legal description.
- a PIN: \_\_\_\_\_

## Step 2: Complete the eligibility status certification information

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

5 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?  Yes  No

6 On January 1 did you occupy this property as your principal residence?  Yes  No

7 On January 1 were you a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or ID/DD (intellectually disabled/developmentally disabled) Community Care Act or Specialized Mental Health Rehabilitation Act of 2013?  Yes  No

If Yes,

a write the name and address of the facility.

\_\_\_\_\_

\_\_\_\_\_

b was this property occupied by your spouse who is 65 years of age or older?  Yes  No

If "Yes", write spouse's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

c did this property remain unoccupied?  Yes  No

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

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

If Yes, write the county location and the PIN. If you are unable to obtain your PIN, attach a copy of the legal description.

a \_\_\_\_\_ County

b PIN: \_\_\_\_\_

**Note:** Your exemption can continue if you now reside in a facility licensed under the acts listed in Line 7 if your property is occupied by your spouse, who is 65 years of age or older, or your property remains unoccupied during the assessment year.

## Step 3: Sign below

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

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Property owner's or authorized representative's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Notary public

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

If you have any questions, please call:

(\_\_\_\_\_) \_\_\_\_\_

Mail your completed Form PTAX-329 to:

\_\_\_\_\_ County Chief County Assessment Officer

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

\_\_\_\_\_  
City \_\_\_\_\_ IL \_\_\_\_\_  
ZIP

Official use. Do not write in this space.

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  Denied