PTAX-343-A

Physician's Statement for Disabled Persons' Homestead Exemption

Read this first

To qualify for the Disabled Persons' Homestead Exemption (DPHE), proof of a disability is required. The acceptable proof of disability is listed on the back of this Form. If you are unable to provide any of these as proof of your disability, you and an Illinois licensed physician must complete Form PTAX-343-A. You are responsible for any physicians' costs.

Step 1: Applicant - Complete the following information

1 ____
Property owner's name

____
Street address of homestead property

________________________________IL____________
City ZIP

(___ ___ ___)___ ___ ___ - ___ ___ ___ ___
Daytime phone

2 Write the assessment year for which you are requesting the DPHE: ___ ___ ___ ___
Year

3 Write the property index number (PIN) of the property for which you are filing this form. Your PIN can be found on your property tax bill or you may obtain it from your Chief County Assessment Officer (**CCAO**). If you are unable to obtain your PIN, write the legal description on Line b.

a PIN __ __ - __ __ - __ __ __ - __ __ __ - __ __ __ __

b Attach a separate sheet if needed.

____

____

Step 2: Physician - Complete the following information

Part A: Patient information - Please print.

The patient must meet the total disability criteria established by the Social Security Administration.
Note: Alcoholism or drug abuse is not included in the Social Security Administration's guidelines as a qualification for disability status.

4 Patient's name: ________________________________

5 Date patient became disabled ___ ___/___ ___/___ ___ ___ ___

6 Can the patient do the same type of work as prior to their disability? Yes ☐ No ☐

6a Was the patient able to work for a living after this date? Yes ☐ No ☐

7 Has the disability lasted or is it expected to continue for 12 months or more? Yes ☐ No ☐

8 Check **all** major body systems, disorders, and diseases of the patients disability:

- ☐ **1.00** Musculoskeletal
- ☐ **2.00** Special Senses and Speech
- ☐ **3.00** Respiratory
- ☐ **4.00** Cardiovascular
- ☐ **5.00** Digestive
- ☐ **6.00** Genitourinary
- ☐ **7.00** Hematological
- ☐ **8.00** Skin
- ☐ **9.00** Endocrine
- ☐ **10.00** Impairments that Affect Multiple Body
- ☐ **11.00** Neurological
- ☐ **12.00** Mental
- ☐ **13.00** Malignant Neoplastic
- ☐ **14.00** Immune

9 What is the nature of the disability: ____

Part B: Physician information

10 Name: ____

11 Your Illinois physician's license number issued by the Illinois Department of Financial and Professional Regulations: 0 3 6 - ___ ___ ___ ___ ___ ___

12 **Sign below:**
I have examined this patient and based on the Social Security Administration's criteria for disability, I state that the information contained in Step 2 is true, correct and complete to the best of my knowledge.

Physician's signature: ____ Date: _____/_____/_____

General Information

What is considered proof of disability?

1 A Class 2 Illinois Disabled Person Identification Card from the Illinois Secretary of State's Office. Class 2 or Class 2A qualifies, Class 1 or 1A does **not** qualify.

2 Proof of Social Security Administration (SSA) disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only Form SSA-4926-SM-DI). If you are under the age of 65 receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (SSA-L8151, SSA-L8155, or SSA-L8156).

3 Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.

4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

5 If you are unable to provide proof of your disability as listed above, you must submit Form PTAX 343-A, Physician's Statement for Disabled Persons' Homestead Exemption, to your Chief County Assessment Officer (CCAO). Step 2 must be completed by a physician licensed by the state of Illinois. You will be responsible for any costs incurred for your examination by any physician.

When and where must I file this Form PTAX-343-A?

You must file Form PTAX-343- A with your Chief County Assessment Officer (**CCAO**) at the address shown below prior to your county's due date for the Disabled Persons' Homestead Exemption (DPHE). Contact your CCAO at the telephone number or address below for assistance.

File or mail your completed Form PTAX-343-A:

________________________________ County, CCAO

____
Mailing address

________________________ IL ________
City ZIP

If you have any questions, please call: (____) ______________

Social Security Administration's Listing of Impairments

The Listing of Impairments describes, for each major body system, impairments that are considered severe enough to prevent a person from doing any gainful activity. Most of the listed impairments are permanent or expected to result in death, or a specific statement of duration is made. For all others, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months. The criteria in the listing of impairments are applicable to evaluation of claims for disability benefits from the Social Security Administration (SSA). Visit SSA web site at **socialsecurity.gov** for more specific information.

1.00	Musculoskeletal System
2.00	Special Senses and Speech
3.00	Respiratory System
4.00	Cardiovascular System
5.00	Digestive System
6.00	Genitourinary System
7.00	Hematological Disorders
8.00	Skin Disorders
9.00	Endocrine System
10.00	Impairments that Affect Multiple Body Systems
11.00	Neurological
12.00	Mental Disorders
13.00	Malignant Neoplastic Diseases
14.00	Immune System

Official use. Do not write in this space.

Date received: ___ ___/___ ___/___ ___ ___ ___
Month Day Year

DFPR license verified: ___ ___/___ ___/___ ___ ___ ___
Month Day Year

Comments:____

____

____

PTAX-343 Application for Disabled Persons' Homestead Exemption

Step 1: Complete the following information

1 ____________________
Property owner's name

____
Street address of homestead property

____________________ IL ____
City State ZIP

(____)____________________
Daytime phone

Send notice to (if different than above)

2 ____________________
Name

____
Mailing address

____
City State ZIP

(____)____________________
Daytime phone

3 Write the assessment year for which you are requesting the disabled persons' homestead exemption. ___ ___ ___ ___
Year

4 Write the parcel number of the property for which you are filing this form. Your parcel is listed on your property tax bill or you may obtain it from the chief county assessment officer (**CCAO**). If you are unable to obtain your parcel, write the legal description on Line b.

a Parcel Number ____________________

b Write the legal description only if you are unable to obtain your parcel.

____
____
____

5 Did you receive the disabled persons' homestead exemption on this property for the prior assessment year? ☐ Yes ☐ No

Step 2: Complete eligibility information

6 Check your type of residence.

☐ Single-family dwelling ☐ Duplex
☐ Townhouse ☐ Condominium
☐ Apartment ☐ Other ____________

a Is the residence operated as a cooperative? ☐ Yes ☐ No

b Is the residence a life care facility under the Life Care Facilities Act? ☐ Yes ☐ No

c If **YES to a or b above**, is the disabled person liable by contract with the owner(s) for payment of property taxes? ☐ Yes ☐ No

7 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

a If **NO**, write the date you acquired an interest in this property. ___ ___/___ ___/___ ___ ___ ___
Month Day Year

8 On January 1, did you occupy this property as your principal residence ☐ Yes ☐ No

9 On January 1, were you a resident of a facility licensed under the Nursing Home Care Act? ☐ Yes ☐ No

If **YES**,

a was this property occupied by your spouse? ☐ Yes ☐ No

b did this property remain unoccupied? ☐ Yes ☐ No

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

Note: You may attach a separate sheet describing your specific factual situation. You **must provide the documents** listed on the back of this form as proof of your disability. See the section "What types of documents must be provided with this form as proof of my disability?".

Step 3: Attach proof of ownership

11 Check the type of documentation you are **attaching** as proof that you are the owner of record or have a legal or equitable interest in the property.

☐ Deed ☐ Contract for deed
☐ Trust agreement ☐ Life care contract
☐ Lease ☐ Other written instrument (specify) ____________

12 Write the date the written instrument was executed. ___ ___/___ ___/___ ___ ___ ___
Month Day Year

13 Is the instrument recorded? ☐ Yes ☐ No

14 If known, write the date recorded and the document number from the county records.

Date recorded ___ ___/___ ___/___ ___ ___ ___
Month Day Year

Recorded document number ____________________

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

Form PTAX-343 General Information

What is the Disabled Persons' Homestead Exemption?

The Disabled Persons' Homestead Exemption (35 ILCS 200/15-168) provides an annual $2,000 reduction in the equalized assessed value (EAV) of the property owned and occupied on January 1 of the assessment year by a disabled person who is liable for the payment of property taxes.

Who is eligible?

To qualify for this exemption you must:

- be disabled or become disabled during the assessment year (*i.e.*, cannot participate in any "substantial gainful activity by reason of a medically determinable physical or mental impairment" which will result in the person's death or that will last for at least 12 continuous months). See below "What types of documents must be provided as proof of a disability?"
- own or have a legal or equitable interest in the property, or a leasehold interest of a single-family residence.
- occupy the property as your principal residence on January 1 of the assessment year, and
- be liable for the payment of the property taxes.

If you previously received a disabled persons' homestead exemption and now reside in a facility licensed under the Nursing Home Care Act (210 ILCS 45/1 *et. seq.*), you are still eligible to receive this exemption provided:

- your property is occupied by your spouse, or
- your property remains unoccupied during the assessment year.

A resident of a cooperative apartment building or life care facility as defined under Section 2 of the Life Care Facilities Act (210 ILCS 40/1 *et. seq.*) qualifies to receive this exemption provided:

- the property is occupied as the primary residence by a disabled person,
- the disabled person is liable by contract with the owner(s) of record for the payment of the apportioned property taxes on the property, and
- the disabled person is an owner of record of a legal or equitable interest in the cooperative apartment building.

Note: A resident of a cooperative apartment building who has a leasehold interest **does not** qualify for this exemption.

What types of documents must be provided with this form as proof of my disability?

You will be required to provide one of the following documents to qualify for this exemption. The proof of disability must be the same year as the assessment year shown on Line 3 of this application.

1 A Class 2 Illinois Disabled Person 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.

2 Proof of Social Security Administration disability benefits. This proof includes an award letter, verification letter, or annual cost of living adjustment (COLA).

3 Proof of Veterans Administration disability benefits. This proof includes an award letter of total (100%) disability, pension statement, or statement showing compensation rated at 100%.

4 Proof of Railroad or Civil Service disability benefits is an award letter of total (100%) disability.

5 If you cannot provide proof of your disability listed in Items 1 through 4, then you will need to submit to the Illinois Department of Revenue (IDOR) a Form PTAX 343-A Physician's Statement for Proof of Disability completed by a physician. You may also be required to be re-examined by an IDOR designated physician. The IDOR will notify you and the CCAO if you qualify for the exemption. **Note: You will be responsible for any costs incurred for your examination by any physician.**

The CCAO may request you to provide additional documentation.

Can I estimate the amount of my exemption?

Yes. You can estimate the amount of your exemption by multiplying the $2,000 reduction in EAV for this exemption by the total tax rate that is shown on your most recent property tax bill. (Example: $2,000 EAV X 7% = $140 estimated amount of your exemption)

When will I receive my exemption?

The year that you apply for this exemption is referred to as the assessment year. The county Board of Review while in session for the assessment year has the final authority to grant your exemption. If your exemption is granted, it will be applied to the property tax bills that are paid the year following the assessment year.

Where can I get assistance and where must I file?

Contact the CCAO at the phone number or address shown below for assistance and to verify the due date to file this application in your county. Once you are approved to receive the exemption, you will need to file Form PTAX-343-V, Annual Verification of Eligibility for the Disabled Persons' Homestead Exemption, each year with the CCAO to continue to receive your exemption.

File or mail your completed Form PTAX-343:

Rock Island County, CCAO

1504 3rd Avenue

Rock Island, IL 61201

If you have any questions, please call: (309) 558-3660

Note: Contact your CCAO for information on how you can designate another person to receive a duplicate of a property tax delinquency notice for your property.

Are there other homestead exemptions available for disabled persons or disabled veterans?

Yes. However, you can claim only one of the following disabled homestead exemptions on your property for a single assessment year. The Disabled Veterans' Homestead Exemption is up to a $70,000 reduction in assessed value for federally-approved specially adapted housing (35 ILCS 200/15-165), Disabled Persons' Homestead Exemption is an annual $2,000 reduction in property's EAV (35 ILCS 200/15-168), or Disabled Veterans' Standard Homestead Exemption is an annual reduction of $2,500 or $5,000 in property's EAV (35 ILCS 200/15-169).

Official use. Do not write in this space.

Date received ___ ___/___ ___/___ ___ ___ ___ (Month Day Year)

Board of Review action date ___ ___/___ ___/___ ___ ___ ___ (Month Day Year)

Verify Proof of Disability: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

☐ Approved ☐ Denied

Comments:______________________________

Reason for denial ______________________________