



Homestead Exemption for Persons with Disabilities 20____

MCHENRY COUNTY ASSESSMENT OFFICE

Mailing Address: 2200 N Seminary Avenue Woodstock IL 60098
Location: 667 Ware Road Administration Bldg Rm 106 Woodstock IL 60098
Telephone: (815) 334-4290 • Fax: (815) 334-4939
Website: www.mchenrycountyil.gov

Document submissions can be sent either:

By U.S. Mail **OR** By email: **assessments@mchenrycountyil.gov**

OR You may bring the application in person to the county office.

PLEASE SUBMIT BEFORE JULY 1, 2024

Section 1: Property Identification and Owner Information

If mailing address is different please provide below

Taxpayer Name(s): _____ Address: _____
Property Address: _____ City, State, ZIP: _____
City, State, ZIP: _____ I have owned and occupied this property since: _____
(month/day/year)
Daytime Phone: _____
Email: _____ Parcel No. (PIN) _____ - _____ - _____

Do you own other real estate anywhere in the United States?

Yes; the address of the real estate is: _____

If yes, you must provide a copy of the most recent property tax bill for each property.

No; this is the only property I/we own.

Were you a resident of a facility under the Illinois Intellectually Disabled/Developmentally Disabled Community Care Act, the Illinois Nursing Care Act, or the Specialized Mental Health Rehabilitation Act of 2013, on January 1st of this year?

Yes; name and address of the facility is: _____

Was the home vacant or occupied by your spouse while you were in the facility?

Yes No

Section 2: Proof of Eligibility - Check only one and submit copy with application

- A. Valid Class "2", "2A" or "20" Illinois person with a disability Identification Card (*see instruction on back*)
ID # _____ CLASS _____ EXP Date ____/____/____
- B. Social Security Disability benefits or Cost of Living Adjustment (COLA) Letter for the applied year
- C. Form HEPD 343-A, Physicians Statement for Disabled Person Homestead Exemption
- D. Current non-service connected Veterans Administration disability letter
- E. Railroad or Civil Service disability benefits (must be 100% total) disability letter

Section 3: Oath

I am a first-time applicant or I am applying on a new residence for the first time.

AND/OR

I attest to the fact that the above address is my principal residence, and I am the owner of record or have equitable interest during the entire assessment year. I am liable for the payment of taxes. I state to the best of my knowledge, the information contained in the application is true, correct and complete. I have read the instructions and understand the requirements for the Homestead Exemption for Persons with Disabilities.

Applicant's signature

Applicant's Birth Date

Date

We may require additional information for some applications.

Official use. Do not write in this space.

Documentation: ID _____ EXP _____

COLA SSL PS _____ EXP _____

NOA RR CS VA PTL

New _____

Deny _____

Renew _____

Docket Number _____

Final checked by _____



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Instructions and Information

- 1 Taxpayer eligibility.** To be eligible for the exemption, the taxpayer must be “unable to engage in any substantial gainful activity by reason of a medically determinable physical or medical impairment which can be expected to result in death or can be expected to last for a continuous period of not less than 12 months.” (35 ILCS 200/15-168(b)). A person becoming disabled during an assessment year is eligible in that same year.

RENEWAL APPLICATIONS: You must file this application to renew the exemption each year, and you may need to attach proof of documentation for your disability status.

FIRST TIME APPLICATIONS: You must provide one of the following items to qualify for the Homestead Exemption for Persons with Disabilities. The proof of disability must be for the same year as the assessment year that you write in Section 2 of this application:

- A. **Proof of Social Security Administration disability benefits.** This proof includes an annual cost of living adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI) **OR** an award letter **OR** a verification letter. Proof must be dated for the current assessment year. You may get a COLA Letter from the Social Security Administration Office by visiting their website "www.ssa.gov". If Social Security disability benefits have changed over to Social Security retirement benefits, another form of proof of disability will be required. Individuals who are over 65 need to complete a HEPD 343-A, **OR** obtain an Illinois Person with a Disability Identification Card (see sections B and C below).
- B. **A Class 2 Illinois Persons with Disabilities 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. You may obtain an application from the Secretary of State's website or visit the nearest Illinois Driver License facility.
- C. **Completion of the Physicians Statement HEPD 343-A form.** A licensed physician must file an affidavit (Form HEPD-343A), indicating that the taxpayer qualifies for the exemption. Any costs for the examination shall be borne by the taxpayer. You may obtain form HEPD-343A by calling the County Assessment Office.
- D. **Proof of Veterans Administration disability benefits.** This proof includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.
- E. **Proof of Railroad or Civil Service disability benefits.** This is an award letter or verification letter of total (100%) disability.

- 2 Property eligibility.** To be eligible for the exemption:

- The property must be occupied as the primary residence by the eligible taxpayer as of January 1 of the assessment year.
- The eligible taxpayer must be liable for paying the real estate taxes on the property.
- The eligible taxpayer must be an owner of record of the property **OR** have a legal or equitable interest in the property as evidenced by a written instrument. Leasehold interest does not qualify. In the case of a life estate, the life estate must have been established by a document recorded by the McHenry County Recorder.

If a homestead exemption has been granted under this Section and the person awarded the exemption subsequently becomes a resident of a facility licensed under the Illinois ID/DD Community Care Act, the Illinois Nursing Home Care Act, or the Illinois Specialized Mental Health Rehabilitation Act of 2013, then the exemption shall continue so long as the residence continues to be occupied by the qualifying person's spouse, or if the residence remains unoccupied but is still owned by the person qualified for the homestead exemption.

- 3 Application.** An application must be made each year the taxpayer remains eligible and should be filed with the McHenry County Assessment Office by the owner of record (or person holding equitable interest).

- 4 Restrictions.** A taxpayer that claims an exemption under 35 ILCS 200/15-165 (Disabled Veterans' Homestead Exemption) or 35 ILCS 200/15-169 (Standard Homestead Exemption for Veterans with Disabilities), may not claim this exemption.

- 5 Exemption Amount.** Under 35 ILCS 200/15-168, qualified taxpayers are permitted an exemption that will remove \$2,000 of equalized assessed value (EAV) from the property before taxes are calculated.



REQUEST FOR DUPLICATE DELINQUENT PROPERTY TAX NOTICE

McHenry County Assessment Office

Mailing Address: 2200 N Seminary Ave. Woodstock IL 60098

Location: 667 Ware Rd. Woodstock IL 60098

Telephone: (815) 334-4290 Website: www.mchenrycountyil.gov

Email: assessments@mchenrycountyil.gov

***** OPTIONAL: NOT REQUIRED IN ORDER TO APPLY FOR THIS EXEMPTION *****

Chapter 35 of the Illinois Compiled Statutes, 200/15-170 & 200/15-168, states that each person who receives the Senior Homestead Exemption or the Disabled Person Homestead Exemption may designate another person to receive a Notice of Delinquency in payment of taxes assessed and levied on the property of the person receiving the exemption.

What does this mean to you?

If you would become ill or hospitalized and unable to take proper care of your business, you might not remember to pay your real estate taxes. If that happened, you would receive a Notice of Delinquent Taxes before your property taxes are sold at auction. This gives you another chance to pay the taxes and any late fees. If you still did not respond, your property taxes could be sold at auction, and eventually you could lose your home. This law allows you to designate an additional person who would also receive the Notice of Delinquent Taxes. Perhaps this would be your child or another person who has your power of attorney, or whom you have designated to handle your business affairs, should you become unable to do so.

If you would like to take advantage of this optional program, please complete the designation form below and return it to the mailing address above. Also, **include a check or money order for \$5.00 to cover administrative costs for this program.** Make checks payable to **McHenry County**. **If you do not wish to apply, please disregard this application.**

Note: You may rescind this designation at any time by sending a signed, notarized letter to this office, stating your intention to rescind. Please include the name of the property owner, the parcel number, and the property address.

INFORMATION ABOUT YOU (THE OWNER) AND YOUR PROPERTY

PARCEL NUMBER _____

OWNER'S NAME _____

STREET ADDRESS OF THE PROPERTY _____

CITY AND ZIP CODE _____

PHONE NUMBER OF OWNER _____

INFORMATION FOR THE PERSON YOU ARE DESIGNATING TO RECEIVE ADDITIONAL NOTICE OF DELINQUENT TAXES

PLEASE CHOOSE A PERSON THAT DOES NOT RESIDE AT THE PROPERTY

THEIR NAME _____

THEIR MAILING ADDRESS _____

CITY, STATE AND ZIP CODE _____

THEIR PHONE NUMBER _____

Your signature on this line as property Owner _____

***** Please be sure to enclose your one-time fee of \$5.00 payable to McHenry County *****