

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

## Part 1: Applicant information

1 \_\_\_\_\_  
 First name MI Last name

3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of birth (month, day, year)

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

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

\_\_\_\_\_  
 City IL \_\_\_\_\_  
 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 <b>Gross</b> 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.		
<b>Subtraction item</b>		<b>Amount</b>
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 <b>\$65,000</b> , <b>STOP</b> . 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:**

**REBECCA M. TONIGAN**  
Cuba Township Assessor  
28000 W Cuba Road  
Barrington, Illinois 60010

Email: [info@cubaassessoril.gov](mailto:info@cubaassessoril.gov)

If you have any questions please call  
Phone: 847-381-1120

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