

# 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 Were you liable for paying the property taxes on this property from either January 1st or from the date of occupancy? ☐ 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 What date did you first occupy this property as your principal residence? \_\_\_\_\_  
Month / Day / Year

8 Is any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? ☐ Yes ☐ No

9 Were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs at any time during this year? ☐ Yes ☐ No  
If "Yes," complete Lines a through c.

a Enter the name and address of the facility and the dates of residency there for this assessment year. \_\_\_\_\_

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

c Did your property remain unoccupied? ☐ Yes ☐ No

10 Have you received this exemption at another address? ☐ Yes ☐ No  
If yes, please list the address: \_\_\_\_\_

Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State IL ZIP \_\_\_\_\_

11 Were you a member of the U.S. Armed Forces during World War II? ☐ Yes ☐ No

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

12 Are you an Illinois resident? ☐ Yes ☐ No

13 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

14 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

15a Are you the surviving spouse of a deceased veteran? ☐ Yes ☐ No

b If "Yes," were you remarried at the time of occupancy? ☐ Yes ☐ No

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

d Are you a recipient of dependency and indemnity compensation under federal law? ☐ Yes ☐ No

e Enter the veteran's date of death. \_\_\_\_\_  
Month / Day / Year

16 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

### Step 3, continued: Complete the following information

17 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 IL State 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

**Official use. Do not write in this space.**

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

☐ Verify proof of eligibility \_\_\_\_\_

Exemption amount

☐ \$2,500 ☐ \$5,000 ☐ Tax exempt \$ \_\_\_\_\_

Is the residential EAV over \$250,000? ☐ Yes ☐ No

#### Assessment information

EAV of improvements \$ \_\_\_\_\_

EAV of land \$ \_\_\_\_\_

Total EAV of improvement/land \$ \_\_\_\_\_

EAV commercial/rented property \$ \_\_\_\_\_

Total EAV minus commercial/rented EAV \$ \_\_\_\_\_

Board of review action date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Approved  
☐ Denied

Reason for denial \_\_\_\_\_

Comments: \_\_\_\_\_

**Note:** Only the first \$250,000 of EAV can be exempted.