St	ep 1: Complete the following information			
1	Property owner's name	6	Write the property index number (PIN) of the property for you are requesting the DVSHE. Your PIN is listed on you	
	Street address of homestead property		property tax bill or you may obtain it from the Chief Count	
	City State ZIP		Assessment Officer (CCAO).	
	City State Zir		a PIN	
	Daytime phone		b Write the legal description only if you are unable to obyour PIN. (Attach a separate sheet if needed.)	itain
	nd notice to (if different than above)			
2	Name			
	Mailing address	7	On January 1, did you occupy this property	Π
	City State ZIP	0	as your principal residence?	∐ No
	· (Ö	On January 1, was any portion of the property used for commercial purposes or rented to another	
_	Daytime phone			
3	Write the assessment year for which you are filing this form.	9	On January 1, were you a resident of a facility	
4	On January 1, were you liable for the		licensed under the Nursing Home Care Act or operated by the U.S. Department of	
•	payment of real estate taxes on this property? Yes No		Veterans' Affairs?	\square No
5	Check your type of residence.		If "Yes," complete Lines a through c.	
	Single-family dwelling Duplex		a Write the name and address of the facility.	
	Townhouse Condominium Other			
			b Was your property occupied by your spouse? Yes	
			c Did your property remain unoccupied? ☐ Yes	∐ No
St	ep 2: Complete the disabled veterans' eligibilit	y in	formation	
10	Are you an Illinois resident?	12	Are you a veteran or the un-remarried surviving spouse	of a
11	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?	Пи
	disabled veteran 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?		te: You must provide documentation. See "Do I need to vide documentation?" on the back of this form.	0
Ste	ep 3: Complete the following information	•		
	If you are the surviving spouse,	15	If you are the surviving spouse, are	
. •	were you remarried as of January 1?		you claiming this exemption on your	
14	If you are claiming the DVSHE on this property for the first		new primary residence for the first time? Yes If "Yes," complete Lines a through c.	∐ No
	time, check the type of documentation you are attaching as			
	proof that you have a legal or beneficial title to the property.		Deceased disabled veteran's name Date of dea	ath
	Deed Contract for deed		b Did you sell your spouse's homestead	_
	Trust agreement Other written instrument		property that received the DVSHE? Yes	☐ No
	Lease Specify:		c Identify the disabled veteran's homestead property that	at
	a Write the date the written instrument was executed. / /		previously received the DVSHE. You can obtain this	
	Month Day Year		information from the property tax bill or CCAO.	
	b If the instrument is recorded, complete the information below.		Property owner's name	
	Recorded document number		Street address of homestead property	
	Date document recorded / /		City State ZIP	
	Month Day Year		•	
	Month Bay Tour		PIN	

Property owner's or authorized representative's signature PTAX-342 (R-02/14)

Form PTAX-342 General Information

What is the Disabled Veterans' Standard Homestead Exemption (DVSHE)?

Beginning in tax year 2007 and after, the Disabled Veterans' Standard Homestead Exemption (35 ILCS 200/15-169) provides an annual reduction in the equalized assessed value (EAV) of a primary residence occupied by a disabled veteran on January 1 of the assessment year. The DVSHE amount depends on the percentage of the service-connected disability as certified by the U.S. Department of Veterans' Affairs. A disabled veteran with at least a 70% service-connected disability will receive a \$5,000 reduction in property's EAV. A disabled veteran with at least 50%, but less than 70% service-connected disability, will receive a \$2,500 reduction in property's EAV.

Who is eligible?

To qualify for the DVSHE, the disabled veteran must

- be an Illinois resident 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, and who has an honorable discharge;
- have at least a 50 percent service-connected disability certified by the U.S. Department of Veterans' Affairs; and
- own and occupy the property as the primary residence on January 1 of the assessment year or lease and occupy a single family residence on January 1 of the assessment year and be liable for the payment of the property taxes to the county.

Note: The property's total EAV must be less than \$250,000 after subtracting any portion used for commercial purposes. "Commercial purposes" include any portion of the property rented for more than 6 months.

If you previously received the DVSHE and now reside in a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs, you are still eligible to receive the DVSHE provided your property

- is occupied by your spouse; or
- · remains unoccupied during the assessment year.

Is a surviving spouse eligible?

An **un-remarried** surviving spouse of a disabled veteran can continue to receive the DVSHE on his or her spouse's primary residence or transfer the DVSHE to another primary residence after the disabled veteran's original primary residence is sold, provided the **DVSHE** had **previously been granted to the disabled veteran**.

An **un-remarried** surviving spouse must occupy and hold legal or beneficial title to the primary residence on January 1 of the assessment year.

Do I need to provide documentation?

Your Chief County Assessment Officer (CCAO) will require documentation to verify your eligibility for the DVSHE. You must provide a disability award or verification letter from the U.S. Department of Veterans' Affairs for the current assessment year and one of the following documents that is the original or a copy certified

by the county recorder, recorder of deeds, Illinois Department of Veterans' Affairs, or the National Archives Record Center.

- Form DD 214 or separation of service from the War Department (military service prior to 1950); or
- Certification of Military Service Form.

You can call the U.S. Department of Veterans' Affairs at 1 800 827-1000 to request a verification letter that specifies your "service-connected disability rating." Any other rating is not valid.

An **un-remarried** surviving spouse of a disabled veteran, who previously received this exemption, must provide the following documents to transfer the DVSHE to themselves or to transfer the DVSHE to a new primary residence:

- the disabled veteran's marriage and death certificates; and
- proof of ownership.

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When will I receive my exemption?

The year you apply for the DVSHE 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 DVSHE. If granted, your DVSHE will be applied to the property tax bill paid the year following the assessment year.

When and where do I file my Form PTAX-342?

You (including an **un-remarried** surviving spouse applying for the first time or for a new primary residence) should file your Form PTAX-342 with your CCAO by the due date to receive this exemption. Contact your CCAO at the address and phone number below for assistance and filing information with your county.

Note: To continue receiving the DVSHE on your residence, you must file Form PTAX-342-R, Annual Verification of Eligibility for Disabled Veterans' Standard Homestead Exemption, each year with your CCAO.

IROQUOIS	County, CCA	
1001 EAST GRANT STREET		
Mailing address WATSEKA	_{IL} 60970	
City	ZIP	
If you have any questions, call (815 _{432 6978}	

Are there other homestead exemptions available for a person with a disability?

Yes. However, only one of the following homestead exemptions may be claimed on your property for a single assessment year:

- Disabled Veterans' Homestead Exemption
- Homestead Exemption for Persons with Disabilities
- Disabled Veterans' Standard Homestead Exemption

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Official use. Do not write in this space.							
Date received:/		Board of review action date://					
☐ Verify proof of eligibility		Approved					
_ ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		Denied					
Exemption amount							
\$2,500 \$5,00	00	Reason for denial					
Assessment information		Comments:					
EAV of improvements	\$						
EAV of land	\$						
Total EAV of improvement/land	\$						
EAV commercial/rented property	\$						
Total EAV minus commercial/rented EAV	\$						

Note: An EAV of \$250,000 or more, excluding commercial property or portion of the property rented for more than 6 months, does not qualify for DVSHE. For tax years 2007, 2008, and 2009, a \$5,000 exemption required at least a 75 percent service-connected disability and a \$2,500 exemption required a 50 percent to 74 percent service-connected disability.

PTAX-342 (R-02/14)