## PTAX-329 Certificate of Status-Senior Citizens Homestead Exemption Who should file this form? You should file this form each year if you received a senior citizens homestead exemption in the prior year and your chief county assessment officer (CCAO) requires annual verification of your eligibility status. Failure to file this form may result in the termination of the exemption. Step 1: Complete the following information 2 Assessment year for this form 2024 Property owner's name 3 PIN Street address of property Property number (number above your name on front of envelope) Date of birth (month, day, year) Citv Daytime phone Step 2: Complete the eligibility status certification information (Questions 5-10) circle one 5 Did you receive a senior citizens homestead exemption on this property last year? 5 Yes No 6 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? 6 Yes No 7 On January 1 did you occupy this property as you principal residence? 7 Yes No 8 On January 1 were you a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or MR/DD (mentally retarded/ developmentally disabled) Community Care Act? If No, continue to Question 9 8 Yes No If Yes. write the name and address of the facility. 8a was this property occupied only by your spouse, who is 65 yrs of age or older? 8a Yes No 8b did this property remain unoccupied? 8b Yes No Note: Your exemption can continue if you now reside in a facility licensed under the acts listed in Line 6a. If your property is occupied only by your spouse, who is 65 yrs or older, or your property remains vacant during the assmt year. 9 On January 1 were you liable for the payment of real estate taxes on this property? 9 Yes No

## Step 3: Sign below

If Yes, write the county location.

Illinois last year?

Under penalties & perjury, I state that to the best of my knowledge, the information on this form is true, correct, and complete.

Property owner's or authorized representative's signature	
If you have any questions, please call:	Mail your completed form to:
618-498-5571 ext 126	Jersey County Supervisor of Assessments
	200 N Lafayette, Ste 4
	Jerseyville, II. 62052

County

**10** Yes

No

## PTAX-340 Senior Citizens Assessment Freeze on Back.

10 Did you receive a senior citizens homestead exemption on any other property in

If your TOTAL household income is \$65,000 or less please continue. If you live in a mobile home and get a Priviledge Tax bill please do not fill out the back.

## PTAX-340 Senior Citizens Assessment Freeze Exemption

	Part 1: Household income for 2023	<u>-</u>			
	You must include the income of you, your spouse, and all other individuals who live in your household.				
1	Social Security and SSI benefits. Include Medicare deductions in this total.	1			
	Railroad Retirement benefits. Include Medicare deductions in this total.	2			
3	Civil Service benefits	3			
4	Annuities, federally taxable pensions & retirement plan distributions.	4			
	Human Services & other governmental cash public assistance benefits	5			
	Wages, salaries, and tips from work	6			
	Interest and dividends received	7			
8	Net rental, farm, and business income or (loss).	8			
	Net capital gain or (loss).	9			
	Other income or (loss).	10			
	Add Lines 1 through 10.	11			
	Certain subtractions. You may subtract only the reported adjustments to				
	income from US 1040, Schedule 1, Part II				
	Subtraction item Amount				
	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 2023. If the amount is greater than \$65,000, STOP. You do not	_			
	qualify for this exemption.	13			
11	Part 2: Affidavit				
14	14 On January 1, 2024 the following individuals also used the property 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, 2024. The total				
	income of the individuals and my spouse (regardless of his or her principal residence) are included in Part 2.				
	First and Last Name				
	ab				
15	(Mark the statement that applies.)				
	On January 1, 2024, I was				
	asingle, widow(er), or divorced. bmarried and living together. cmarried, but not living together				
	Part 3: Sign below				
	Under penalties of perjury, I state that, to the best of my knowledge, the information c	ontained in this			
	attidavit is true, correct, and complete.				
	//				
	<b>Note:</b> The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.				
	Under penalties of perjury, I state that, to the best of my knowledge, the information c affidavit is true, correct, and complete.  Signature of applicant  Date (month, day, year)				

Mail your completed PTAX Form to:

If you have any questions, please call:

Jersey County Supervior of Assessments 200 N Lafayette, Ste 4 Jerseyville II 62052