

**PTAX-340 - 2021 Senior Citizens Assessment Freeze  
Homestead Exemption Application and Affidavit**

**Filing deadline: December 31, 2021**

**Part 1: Complete the following information (Please Print)**

\_\_\_\_\_ / \_\_\_\_\_  
 Last name of applicant      First name      Initial      Name of Spouse

\_\_\_\_\_ (Applicant's Date of Birth) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mailing address      Month      Day      Year

\_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City      State      Zip

**1** I am applying for the Senior Citizens Assessment Freeze Homestead Exemption for property located at:  
 (Fill in *only* if applying for a property different from the above mailing address) Is this property unoccupied?  Yes  No

**2** Write the Parcel Number for your property. Your Parcel Number can be found in the upper, left corner of your property tax bill. It is also the number found above your name on the mailing label on the envelope containing this application, or you may obtain it from the Chief County Assessment Office.

Parcel Number: \_\_\_\_\_

**3** If your spouse maintains a separate residence, has he or she applied for this exemption?  Yes  No

**Part 2: Complete the 2020 income information for the entire household. (If you bring this form to the Assessment Office to complete, bring your 2020 income information with you. First-time applicants are required to provide documentation of income.)**

You must include the income of the entire household on each line.

<b>1</b>	Social Security, SSI benefits; include Medicare deductions in this total	<b>1</b>	_____
<b>2</b>	Railroad retirement benefits; include Medicare deductions in this total	<b>2</b>	_____
<b>3</b>	Civil Service benefits	<b>3</b>	_____
<b>4</b>	Annuities, federally taxable pension and IRA benefits <i>See instructions for line 4.</i>	<b>4</b>	_____
<b>5</b>	Human Services and other governmental cash public assistance benefits	<b>5</b>	_____
<b>6</b>	Wages, salaries and tips from work	<b>6</b>	_____
<b>7</b>	Interest and dividends received	<b>7</b>	_____
<b>8</b>	Net rental, farm, and business income or (loss) <i>See instructions for Line 8.</i>	<b>8</b>	_____
<b>9</b>	Net capital gain or (loss) <i>See instructions for Line 9.</i>	<b>9</b>	_____
<b>10</b>	Other income or (loss) <i>See instructions for Line 10.</i>	<b>10</b>	_____
<b>11</b>	Add lines 1 through 10	<b>11</b>	_____
<b>12</b>	Certain subtractions. You may subtract only the adjustments to income from U.S. 1040, Schedule 1, Line 22.		
	Subtraction item      Amount		
	12a _____		_____
	12b _____		_____
	Add the amounts on lines 12a and 12b and write the result.	<b>12</b>	_____
<b>13</b>	Subtract line 12 from line 11 and write the result. This is your total household income for 2020. If this line is greater than \$65,000, STOP. You do not qualify for this exemption.		
	Total Income	<b>13</b>	_____

Note: The Chief County Assessment Office may conduct an audit to verify that the taxpayer is eligible for this exemption.

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Income verified:  yes  no

Initial: \_\_\_\_\_

Approved:  yes  no

**PART 3: Affidavit**

Sworn under oath, I state that

**1** On Jan. 1, 2021, the property listed in Part 1, Line 2, was improved with a permanent structure that was

- used as my permanent residence, or
- a residence on which I have previously received this exemption before becoming a resident of a nursing home and the residence is unoccupied or is used as the principal residence of my spouse

**2** On January 1, 2021, for the property listed in Part 1, Line 2,

- I was the owner of record for the property; or
- I had a legal or equitable interest in the property by a written instrument; or
- I had a leasehold interest in the property that was used as a single-family residence

**Note** If I have not received this exemption previously for this property, I also meet the eligibility requirements listed in Items 1 and 2 for this property on January 1, 2020.

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**COMPLETE THE FOLLOWING SECTION ONLY IF SPOUSE PASSED AWAY DURING 2021**

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**3** In 2021, I am or will be 65 years of age or older, or my spouse who passed away in 2021 would have been 65 years of age or older.

If my spouse passed away in 2021,

3a The name of my deceased spouse was \_\_\_\_\_

3b The date of birth of my spouse was \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

3c The date of death of my spouse was \_\_\_\_\_ / \_\_\_\_\_ / 2021  
Month Day

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**4** I am liable for paying real property taxes on the property listed in Part 1, Line 2.

**5** I have not applied for a senior citizens assessment freeze exemption for any other property for 2021.

**6** The total reported income for 2020 is shown in Part 2, Line 13, includes the income of my spouse and all persons living in my household, and is \$65,000 or less.

**7** On January 1, 2021, in addition to myself and my spouse, the following individuals used the property listed for their principal residence. The income of the individuals listed below is included in Part 2.

First and last name	Relationship (optional)
7a _____	_____
7b _____	_____
7c _____	_____
7d _____	_____


**8** On January 1, 2021, I was \_\_\_ single, widow(er) or divorced \_\_\_ married and living together \_\_\_ married, but not living together

8a The address of my spouse (if different from the property listed) is:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street address City State Zip

Under the penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct and complete.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

 **Mail your completed form to:**  
Lee County Assessment Office  
112 E Second St  
Dixon IL 61021

If you have questions, you may call (815) 288-4483.  
Office hours are M - F, 8am to 4:30pm, except for Legal  
Holidays.