



SENIOR FREEZE EXEMPTION FOR TAX YEAR 2018

Property Index Number(s)

Property Owner(s) Name(s)

Property Street Address

City State Zip

Daytime Phone Number

On January 1, 2018, I was (check one):

- Single Separated
Married Widowed
Divorced

The address of my spouse, if different than the property address listed, is:

Street Address

City State Zip

Sworn under oath, I state that:

- The property described above was my principal residence on January 1, 2017 *and* January 1, 2018.
- On January 1, 2017 *and* January 1, 2018, I:
 - was the owner of record for the above described property, or
 - had legal or equitable interest in the property, or
 - had leasehold interest in the property that was used as a single family residence.
- I was born in 1953 or earlier. *If this is my first time applying for the Senior Freeze Exemption*, I have included a copy of a recent property tax bill and one of the valid forms of proof of age listed below:
Valid forms include: - Illinois Driver's License (both sides)
- Illinois Identification (ID) Card

Date of Purchase (month/year)

Date of Birth

NOTE: Individuals using forms indicating a previous name must demonstrate a connection to the current name by including a copy of a marriage certificate or other supporting documents. Owners of Cooperative Apartments must also submit a copy of their Stock Certificate, Occupancy or Trust Agreement.

- I was liable for paying 2017 and will be liable for paying 2018 property taxes on the property described.
- I have not applied for a Senior Freeze Exemption for any other property for 2018.

6. On January 1, 2018 the following individuals used the property listed for their principal residence. (List your spouse if he/she used the property as his/her principal residence on January 1, 2018.) Attach an additional sheet if necessary.

Your Name

Name



SENIOR FREEZE EXEMPTION FOR TAX YEAR 2018

7. My total household income, including my income and the income of all persons listed on number 6 on the previous page, *for income Tax Year 2017*, was (use the instructions on the next page):

A	Social Security and SSI benefits (include Medicare deductions).....	\$ _____
B	Railroad Retirement benefits (include Medicare deductions).....	_____
C	Civil Service benefits.....	_____
D	Annuity benefits and federally taxable pension and IRA benefits.....	_____
E	Human Services and other governmental assistance.....	_____
F	Wages, salaries and tips from work.....	_____
G	Interest and dividends received.....	_____
H	Net rental, farm and business income (or loss)	_____
I	Net capital gain (or loss).....	_____
J	Other income (or loss).....	_____
K	Add Lines A through J.....	_____
L	Subtractions.....	_____
M	Subtract Line L from Line K and enter the result.....	_____

This is your **TOTAL HOUSEHOLD INCOME FOR 2017**

***If Line M is MORE THAN \$65,000,
you do not qualify for the Senior Freeze Exemption.***

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

Applicant's Name _____

Applicant's Signature _____

This exemption is subject to audit by the Cook County Assessor's Office.

Date _____

Please note that policy requires that the Assessor's Office receive only **original, signed application forms containing original ("wet") signatures**. So, we are *unable to accept forms by scan/email or by FAX*. All original, signed forms must please be mailed or dropped off at a Cook County Assessor's Office location:

- **Chicago office:** 118 N. Clark St., Room 320, Chicago, IL 60602 (312) 443-7550
- **Skokie office:** 5600 Old Orchard Road, Room 149, Skokie, IL 60077 (847) 470-7237
- **Bridgeview office:** 10200 S. 76th Ave., Room 237, Bridgeview, IL 60455 (708) 974-6451
- **Markham office:** 16501 S. Kedzie Ave., Room 237, Markham, IL 60426 (708) 232-4100



TAXPAYER EXEMPTION APPLICATION FOR TAX YEAR 2018

Property Index Number(s)

Property Index Number(s)

Daytime Phone Number

Owner / Taxpayer

Property Address

City State Zip

2018 HOMEOWNER EXEMPTION

You must please, include a copy of a recent property tax bill and a copy of one of the following valid forms of residency with this application: an Illinois Driver's License *OR* an Illinois Identification (ID) Card.

As owner of the above property, I hereby apply for the Homeowner Exemption. I affirm by signature that this property was occupied by its current or previous owner as a principal residence as of January 1, 2018. I understand that it is against the law to provide false information on this Homeowner Exemption application.

Applicant's Signature

Date

2018 SENIOR CITIZEN EXEMPTION

You must please, include a copy of a recent property tax bill and a copy of one of the following valid forms of proof of age and residency with this application: an Illinois Driver's License *OR* an Illinois Identification (ID) Card.

NOTE: Individuals using forms indicating a different name must demonstrate a connection to the current name by including a copy of a marriage certificate or other supporting documents. Owners of Cooperative Apartments must also submit a copy of their Stock Certificate, Occupancy or Trust Agreement.

I affirm that I was born in **1953 or earlier**, or my spouse was born in **1953 or earlier**. I further affirm that myself or my spouse is liable for payment of the taxes and that this property was occupied by its current or previous owner as a principal residence.

Date of Occupancy

Date of Birth

Applicant's Signature

Date

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- **Chicago office:** 118 N. Clark St., Room 320, Chicago, IL 60602 (312) 443-7550
- **Skokie office:** 5600 Old Orchard Road, Room 149, Skokie, IL 60077 (847) 470-7237
- **Bridgeview office:** 10200 S. 76th Ave., Room 237, Bridgeview, IL 60455 (708) 974-6451
- **Markham office:** 16501 S. Kedzie Ave., Room 237, Markham, IL 60426 (708) 232-4100



**Disabled Persons
 Homeowner Exemption**

Tax Year _____

C/E Number _____

Property Index Number(s) _____

Owner / Taxpayer _____

Property Street Address _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Township _____

Daytime Phone Number _____

Check your type of residence:

- Single-family dwelling Duplex
- Townhouse Condominium
- Apartment Other _____

Is your residence operated as a cooperative? Yes No

Is the residence a life care facility under the Life Care Facility Act? Yes No

If "Yes" to both of the above, is the disabled person liable by contract with the owner(s) for payment of property taxes? Yes No

On January 1st, did you occupy this property as your principal residence? Yes No

On January 1st, were you the owner of record or did you have a legal or equitable interest or did you have a life care contract with a facility under the Life Care Facilities Act? Yes No

If "No", write the date you first occupied this property (if applicable). _____

On January 1st, were you liable for the payment of real estate taxes on this property? Yes No

On January 1st, were you a resident of a facility licensed under the Nursing Home Care Act? Yes No

If "Yes", was the property occupied by your spouse? Yes No

Did this property remain unoccupied? Yes No

Check the type of documentation you are attaching as proof that you are the owner of record or have a legal or equitable interest in the property.

- Deed Contract for deed
- Trust Agreement Life Care contract
- Lease Other _____

Write the date on which the written document was executed. _____

Note: You may attach a separate sheet describing your specific factual situation. You must provide one of the specified documents listed on the back of this form as proof of your disability. See this section: "What types of documents must be provided with this form as proof of my disability?"

I state that to the best of my knowledge, the information on this application is true, correct and complete.

Signature of Owner/Lessee or Representative _____

Date _____

PTAX-343-A

Physician's Statement for Disabled Persons' Homestead Exemption

Read this first

To qualify for the Disabled Persons' Homestead Exemption (DPHE), proof of a disability is required. The acceptable proof of disability is listed on the back of this Form. If you are unable to provide any of these as proof of your disability, you and an Illinois licensed physician must complete Form PTAX-343-A. You are responsible for any physicians' costs.

Step 1: Applicant - Complete the following information

- 1 _____
Property owner's name
- _____
Street address of homestead property
- _____
City IL _____
ZIP
- (_____) _____ - _____
Daytime phone
- 2 Write the assessment year for which you are requesting the DPHE: _____
Year

3 Write the property index number (PIN) of the property for which you are filing this form. Your PIN can be found on your property tax bill or you may obtain it from your Cook County Assessor's Office (CAO). If you are unable to obtain your PIN, write the legal description on Line b.

- a PIN _____ - _____ - _____ - _____ - _____
- b Attach a separate sheet if needed.

Step 2: Physician - Complete the following information

Part A: Patient information - Please print.

The patient must meet the total disability criteria established by the Social Security Administration.

Note: Alcoholism or drug abuse is not included in the Social Security Administration's guidelines as a qualification for disability status.

4 Patient's name: _____

5 Date patient became disabled ____/____/____

6 Can the patient do the same type of work as prior to their disability? Yes No

6a Was the patient able to work for a living after this date? Yes No

7 Has the disability lasted or is it expected to continue for 12 months or more? Yes No

8 Check all major body systems, disorders, and diseases of the patient's disability:

- | | |
|---|--|
| <input type="checkbox"/> 1.00 Musculoskeletal | <input type="checkbox"/> 8.00 Skin |
| <input type="checkbox"/> 2.00 Special Senses and Speech | <input type="checkbox"/> 9.00 Endocrine |
| <input type="checkbox"/> 3.00 Respiratory | <input type="checkbox"/> 10.00 Impairments that Affect Multiple Body |
| <input type="checkbox"/> 4.00 Cardiovascular | <input type="checkbox"/> 11.00 Neurological |
| <input type="checkbox"/> 5.00 Digestive | <input type="checkbox"/> 12.00 Mental |
| <input type="checkbox"/> 6.00 Genitourinary | <input type="checkbox"/> 13.00 Malignant Neoplastic |
| <input type="checkbox"/> 7.00 Hematological | <input type="checkbox"/> 14.00 Immune |

9 What is the nature of the disability: _____

Part B: Physician Information

10 Name: _____

11 Your Illinois physician's license number issued by the Illinois Department of Financial and Professional Regulations: 036 - _____

12 Sign below:

I have examined this patient and based on the Social Security Administration's criteria for disability, I state that the information contained in Step 2 is true, correct and complete to the best of my knowledge.

Physician's signature: _____ Date: ____/____/____

PTAX-343-A

Physician's Statement for Disabled Persons' Homestead Exemption

Read this first

To qualify for the Disabled Persons' Homestead Exemption (DPHE), proof of a disability is required. The acceptable proof of disability is listed on the back of this Form. If you are unable to provide any of these as proof of your disability, you and an Illinois licensed physician must complete Form PTAX-343-A. You are responsible for any physicians' costs.

Step 1: Applicant - Complete the following information

1 _____
Property owner's name

Street address of homestead property

_____ IL _____
City ZIP

(_____) _____ - _____
Daytime phone

2 Write the assessment year for which you
are requesting the DPHE: _____
Year

3 Write the property index number (PIN) of the property for
which you are filing this form. Your PIN can be found on your
property tax bill or you may obtain it from your Cook County
Assessor's Office (CCAO). If you are unable to obtain your
PIN, write the legal description on Line b.

a PIN _____ - _____ - _____ - _____ - _____

b Attach a separate sheet if needed.

Step 2: Physician - Complete the following information

Part A: Patient information - Please print.

The patient must meet the total disability criteria established by the Social Security Administration.

Note: Alcoholism or drug abuse is not included in the Social Security Administration's guidelines as a qualification for disability status.

4 Patient's name: _____

5 Date patient became disabled ____/____/____

6 Can the patient do the same type of work as prior to their disability? Yes No

6a Was the patient able to work for a living after this date? Yes No

7 Has the disability lasted or is it expected to continue for 12 months or more? Yes No

8 Check **all** major body systems, disorders, and diseases of the patients disability:

<input type="checkbox"/> 1.00 Musculoskeletal	<input type="checkbox"/> 8.00 Skin
<input type="checkbox"/> 2.00 Special Senses and Speech	<input type="checkbox"/> 9.00 Endocrine
<input type="checkbox"/> 3.00 Respiratory	<input type="checkbox"/> 10.00 Impairments that Affect Multiple Body
<input type="checkbox"/> 4.00 Cardiovascular	<input type="checkbox"/> 11.00 Neurological
<input type="checkbox"/> 5.00 Digestive	<input type="checkbox"/> 12.00 Mental
<input type="checkbox"/> 6.00 Genitourinary	<input type="checkbox"/> 13.00 Malignant Neoplastic
<input type="checkbox"/> 7.00 Hematological	<input type="checkbox"/> 14.00 Immune

9 What is the nature of the disability: _____

Part B: Physician information

10 Name: _____

11 Your Illinois physician's license number issued by the
Illinois Department of Financial and Professional Regulations: 036 - _____

12 Sign below:

I have examined this patient and based on the Social Security Administration's criteria for disability, I state that the information contained in Step 2 is true, correct and complete to the best of my knowledge.

Physician's signature: _____ Date: ____/____/____



**Disabled Veterans Standard
 Homeowner Exemption**

Tax Year _____ C/E Number _____

Property Index Number(s) _____

Owner / Taxpayer _____

Property Street Address _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Township _____

Daytime Phone Number _____

Check your type of residence:

- Single-family dwelling Duplex
- Townhouse Condominium
- Apartment Other _____

On January 1st, did you occupy this property as your principal residence? Yes No

If "No", write the date you first occupied this property (if applicable). _____

On January 1st, were you liable for the payment of real estate taxes on this property? Yes No

On January 1st, was any portion of this property used for commercial purposes or rented to another person or entity for more than six months? Yes No

Are you a disabled veteran and an Illinois resident? Yes No

Are you a veteran or the non-remarried surviving spouse of a 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? Yes No

Were you remarried as of January 1st? Yes No

Are you a veteran or the non-remarried surviving spouse of a veteran with a service-connected disability as certified by the U.S. Department of Veterans Affairs? Yes No

If you are claiming this exemption 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 _____

Write here the date the written document was executed. _____

If you are a non-remarried surviving spouse, are you claiming this exemption for the first time on your new residence? Yes No

If "Yes", complete the following:

Deceased Disabled Veteran's Name _____ Date of Death _____

Applicants are **required** to please include a disability certification or verification letter from the **U.S. Department of Veterans Affairs (VA)** stating the applicant [veteran] has a service-connected disability for the assessment year being applied for. The document must also specify the percentage of that service-connected disability. Please see Page 2 of this form, upper right column, for more information.

I state that to the best of my knowledge, the information on this application is true, correct and complete.

Signature of Owner/Lessee or Representative _____

Date _____

**Senior Citizen Exemption
Certificate of Error Application**

C/E Year

C/E Number

Property Index Number(s)

Owner / Taxpayer

Property Street Address

Owner's Mailing Address

City State Zip

City State Zip

Township

Daytime Phone Number

If property is prorated, please submit a separate application for each PIN.

Through my signature below I apply for the Senior Citizen Exemption for the Certificate of Error tax year listed above. I affirm that I was 65 years of age or older during the year listed above, that as of January 1 of the year listed above I owned the property described by the Property Index Number above or had a lease or contract which made me liable for its real estate taxes, and that as of January 1 of the year listed above the property was my principle residence. I understand that it is against the law to provide false information on this Senior Citizen Exemption Application.

Signature of Owner/Lessee or Representative

Date

Applicant's Birthdate

IMPORTANT: THIS IS AN APPLICATION ONLY
You will be notified by mail as to the disposition of the application.
All inquiries should be made to the Taxpayer Information Department at (312) 443-7550.

If the property owner takes residence after January 1, he or she may receive a prorated exemption based on the month the property was purchased. Please contact our office for more information.



**Homeowner Exemption
Certificate of Error Application**

C/E Year

C/E Number

Property Index Number(s)

Owner / Taxpayer

Property Street Address

Owner's Mailing Address

City State Zip

City State Zip

Township

Daytime Phone Number

If property is prorated, please submit a separate application for each PIN.

As an owner of the above property, I hereby apply for the Homeowner Exemption for the Certificate of Error tax year listed above. I affirm by my signature that this property was occupied by its current owner or previous owner as a principal residence as of January 1 of said Certificate of Error year. I understand that it is against the law to provide false information on this Homeowner Exemption Application.

Applicant's Signature

Date

IMPORTANT: THIS IS AN APPLICATION ONLY

You will be notified by mail as to the disposition of the application.

All inquiries should be made to the Taxpayer Information Department at (312) 443-7550.

Please note: If the property is new construction, please contact our office for more information.

FOR OFFICE USE ONLY

THIS INSTRUMENT WAS PREPARED BY:

NAME & ADDRESS OF PROPERTY OWNER:

ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO § 755 ILCS 27/1 ET SEQ.

THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the following date: _____, by the property owner or owners, whose name is or are: _____

_____, and currently live at the street address of: _____

in the city of: _____, and county of: _____, in the state of: _____

with a zip code of: _____, while being of sound mind and disposing memory, do now hereby make, declare and

publish this TODI, stating and attesting to the following. That the above-referenced property owner or owners, is or are, the **SOLE** owner(s) of the residential (which must be between 1 - 4 units) real estate, under a duly recorded **DEED** or other **CONVEYANCE INSTRUMENT** which was recorded on the date of: _____ as document number: _____ with the proper County Agency in the

County of: _____ in the State of Illinois. Furthermore, this TODI is intended to transfer the following real property:

LEGAL DESCRIPTION: CHECK WHICH APPLIES - WRITTEN BELOW -OR- SEE ATTACHED

PROPERTY IDENTIFICATION NUMBER(PIN): _____ - _____ - _____ - _____

COMMONLY REFERRED TO ADDRESS: _____

Finally, the owner, or owners, while also being of competent mind and capacity, while waiving and releasing all rights under the Homestead Exemption laws of the State of Il, do now hereby **CONVEY** and **TRANSFER**, effective upon the death of the above-named **OWNER**, or last to die of the **OWNERS**, the above-described real property to the named **BENEFICIARY** or **BENEFICIARIES** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.

SPECIAL NOTICE: This form is provided compliments of **EDWARD M. MOODY, COOK COUNTY RECORDER OF DEEDS** and **DOES NOT CONSTITUTE LEGAL ADVICE** in any way, shape or form. Furthermore, it is provided **WITHOUT** any **TITLE EXAMINATION** or **REVIEW** of your individual estate plan. **PLEASE CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL** if you have additional questions, comments or concerns regarding how to complete this form, as the **COOK COUNTY RECORDER OF DEEDS OFFICE STAFF MAY NOT** assist you with the preparation of this, or any, legal document.

TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO § 35 ILCS 200/31-45, PARA. IL REAL ESTATE TRANSFER TAX LAW

As referenced on the foregoing page, the aforementioned **OWNER** or **OWNERS** do now hereby **CONVEY** and **TRANSFER**, effective upon the death of the above-named **OWNER**, or last to die of the **OWNERS**, the above-described real property to the named **BENEFICIARY** or **BENEFICIARIES** in the specified **TENANCY TYPE** if multiple **BENEFICIARIES** are listed. Additionally, in the event the **BENEFICIARY** or **BENEFICIARIES** pre-decease the **OWNER** or **OWNERS**, the following **CONTINGENCY BENEFICIARY** or **BENEFICIARIES** should receive the interest outlined in this instrument, in the designated **TENANCY TYPE**:

<u>BENEFICIARY (A)</u>	<u>BENEFICIARY (B)</u>	<u>BENEFICIARY (C)</u>	<u>BENEFICIARY (D)</u>
_____	_____	_____	_____
_____	_____	_____	_____

If more **BENEFICIARIES** are desired, please attach separate sheet of paper with the full names and addresses of the desired additional **BENEFICIARIES**. Also, if there are multiple beneficiaries, the **OWNER** or **OWNER** desires that the transfer be to those **BENEFICIARIES IN THE FOLLOWING TENANCY TYPE**:
CHOOSE ONE (ONLY): JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP

In the event all of the above-referenced **BENEFICIARIES** pre-decease the owner/owners, the following **CONTINGENCY BENEFICIARIES** shall replace them.

<u>CONTINGENCY BENEFICIARY (A)</u>	<u>CONTINGENCY BENEFICIARY (B)</u>	<u>CONTINGENCY BENEFICIARY (C)</u>	<u>CONTINGENCY BENEFICIARY (D)</u>
_____	_____	_____	_____
_____	_____	_____	_____

I, or we, the **SOLE OWNERS** hereby swear and affirm that the foregoing wishes were made as my or our free and voluntary act for the purposes set forth.

PRINT OWNER NAME (A): _____ PRINT OWNER NAME (B): _____

SIGNATURE OF OWNER (A): _____ SIGNATURE OF OWNER (B): _____

DATE SIGNED BEFORE NOTARY: _____ DATE SIGNED BEFORE NOTARY: _____

WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER/OWNERS, ALL WITNESSES, AND NOTARY PUBLIC:
We, the undersigned witnesses, hereby certify that the foregoing TODI was executed and signed on the date referenced above, and signed by the owner or owners as her, his, or their voluntary TODI in our presence, at the request of her, him or them, and while also in the presence of one another. We also do now hereby swear and affirm that we are signing our names to this instrument with the belief and knowledge that the owner or owners, was or were, at the time of signing of sound mind and memory, and free from any undue influence or coercion by any parties, including us as witnesses.

PRINT WITNESS NAME (A): _____ PRINT WITNESS NAME (B): _____

SIGNATURE OF WITNESS (A): _____ SIGNATURE OF WITNESS (B): _____

DATE SIGNED BEFORE NOTARY: _____ DATE SIGNED BEFORE NOTARY: _____

NOTARY VERIFICATION SECTION:

STATE OF _____)
) SS DATE NOTARIZED: _____
 COUNTY OF _____)

I, the undersigned, a notary public in and for said County, in the State aforesaid, **DO HEREBY CERTIFY** that the owner or owners, and witnesses, personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me on the below date and signed, sealed and delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set forth.

AFFIX NOTARY STAMP BELOW:

PRINT NOTARY NAME: _____ SIGNATURE OF NOTARY: _____