



**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 _____