

COOK COUNTY ASSESSOR
FRITZ KAEGI



COOK COUNTY ASSESSOR'S OFFICE
118 NORTH CLARK STREET, 3RD FLOOR
CHICAGO, IL 60602 | PHONE: 312.443.7550
WWW.COOKCOUNTYASSESSOR.COM

"Senior Freeze" Exemption for Tax Year 2020

For seniors born in 1955 or earlier

Apply online at cookcountyassessor.com/exemptions

Section 1: Applicant and Property Information

*** = Required.**

*Name of Applicant (Taxpayer/Owner)

_____/_____/_____(Month / Day / Year)

*Date of Birth

*Daytime phone number

Last 4 of Social Security Number (optional)

*E-mail address

_____/_____/_____(Month / Day / Year)

*Date of home purchase (or lease start date)

*Property Address and Street

*City

*State

*Zip

*Property Index Number (PIN, or PINs)

If this home has more PINs, add them below:

If you were legally married as of January 1, 2020:

Your spouse's address, if different from above: _____

Supporting Documents are required to verify your identity, date of birth, property occupancy, and property tax liability. In many cases, a photo ID is the only document needed. See "Supporting Documents" section of Instructions.

- All applications **must** include Photo ID and Occupancy Affidavit

Section 2: Income Verification.

Please complete "Income Verification" on Page 2 to verify a 2019 household income of \$65,000 or less.

Section 3: Applicant Attestation, Income Verification, and Signature

☐ I affirm that:

- I was born in **1955** or earlier;
- this property was my principal residence on January 1, 2019 *and* January 1, 2020 **and**
- I was liable for payment of property taxes on this property on January 1, 2019 and January 1, 2020.

☐ The total household income at this household (applicant, applicant's spouse, and all persons using the property as their principal residence as of January 1, 2020) was **\$65,000 or less** for calendar year 2019.

I have verified this in Section 2: Income Verification on the back of this form.

- ☐ I further affirm that I have not applied for the Senior Citizens Assessment Freeze Homestead Exemption ("Senior Freeze") for any other property for tax year 2020.
- ☐ I understand that I am subject to an audit by the Cook County Assessor in the event that I receive this exemption.
- ☐ I declare under penalty of perjury that this application and all supporting documentation submitted therewith is true to the best of my knowledge. I acknowledge that signing a fraudulent application for this exemption is perjury as defined in Section 32-2 of the Illinois Criminal Code of 2012.
- ☐ I hereby apply for the Senior Citizens Assessment Freeze Homestead ("Senior Freeze") Exemption.

*Applicant's signature:

*Date:

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"Senior Freeze Exemption: Income Verification"

Section 2: Income Verification. To be eligible for this exemption, the household (applicant, applicant's spouse, and all persons using the property as their principal residence as of January 1, 2020) must have had a combined income of **\$65,000 or less** for calendar year **2019**. Please see the **Instructions** to use this worksheet to determine your eligibility.

The names of **all** persons who used this property as their principal residence as of January 1, 2020:

You: _____ Others: _____

1. Social Security, SSI benefits. Include Medicare deductions. (Household total)	<input type="text"/>
2. Railroad Retirement benefits. Include Medicare deductions. (Household total)	<input type="text"/>
3. Civil Service benefits. (Household total)	<input type="text"/>
4. Annuities, federally taxable pensions and retirement plan distributions. (Household total)	<input type="text"/>
5. Human Services and other governmental cash public assistance benefits. (Household total) ..	<input type="text"/>
6. Wages, salaries, and tips from work. (Household total)	<input type="text"/>
7. Interest and dividends received. (Household total)	<input type="text"/>
8. Net rental, farm, and business income (or loss). (Household total.)	<input type="text"/>
9. Net capital gain (or loss). (Household total.)	<input type="text"/>
10. Other income (or loss). (Household total.)	<input type="text"/>
<hr/>	
11. Subtotal: Add Lines 1 through 10.	<input type="text"/>
12. Certain subtractions. (Household total) You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1, Line 22.....	<input type="text"/>
13. Total Household Income: Subtract Line 12 from Line 11.....	<input type="text"/>

If **Line 13** is more than \$65,000 this
household **does not** qualify
for the "Senior Freeze" Exemption.

If **Line 13** is less than or equal to \$65,000
this household **does** meet income qualifications
for the "Senior Freeze" Exemption.

THIS IS AN APPLICATION ONLY. If your application is approved, this "Senior Freeze" Exemption will be applied to thesecond installment of this property's tax bill. Once applied, this exemption must be renewed by the taxpayer each year.

"Senior Freeze" General Information

What is the Senior Citizens Assessment Freeze Homestead Exemption ("Senior Freeze")?

The Senior Citizens Assessment Freeze Homestead Exemption (35 ILCS 200/15-172) allows you, as a qualified senior citizen, to have your home's equalized assessed value (EAV) "frozen" at a base year value and prevent or limit any increase due to inflation. The base year generally is the year before the year you first qualify and apply for the exemption. For example, if you first qualify and apply in 2020, your property's EAV will be "frozen" at the 2019 EAV. The amount of the exemption is the difference between your base year EAV and your current year EAV. For Cook County only, the amount of the exemption is the difference between your base year EAV and your current year EAV or \$2,000, whichever is greater. Freezing your property's EAV does not mean that your property taxes will not increase, however. Other factors also affect your tax bill. For example, your tax bill could increase if the tax rate, which is based on the amount of revenues taxing districts request, increases. Your EAV and tax bill may also increase if you add improvements to your home. However, if your home's EAV decreases in the future, you will benefit from any reduction.

Who is eligible?

The senior citizens assessment freeze homestead exemption qualifications for the 2020 tax year (for the property taxes you will pay in 2021), are listed below.

- You will be 65 or older during 2020.
- Your total household income in 2019 was \$65,000 or less.
- On January 1, 2019, **and** January 1, 2020, you
 - used the property as your principal place of residence,
 - owned the property, or had a legal or equitable interest in the property as evidenced by a written instrument, or had a leasehold interest in the property used as a single-family residence, and
 - were liable for the payment of property taxes.

You do **not** qualify for this exemption if your property is assessed under the mobile home privilege tax.

Surviving spouse — Even if you are not 65 or older during 2020, you are eligible for this exemption for 2020 (and possibly 2019) if your spouse died in 2020 and would have met all of the qualifications.

Residents in a health facility — Even if you did not use the property as your principal place of residence on January 1, 2020, you qualify for this exemption if you are a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013 and you meet all other requirements, have received this exemption previously, **and** your property is either unoccupied or is occupied by your spouse.

Residents of cooperatives — If you are a resident of a cooperative apartment building or cooperative life-care facility, you qualify for this exemption if you are liable for the payment of the property taxes on your residence and meet the other eligibility requirements.

What is a household?

A household includes you, your spouse, and all other persons who used your residence as a principal dwelling place on January 1, 2020.

What is included in household income?

Household income includes your income, your spouse's income, and the income of **all** individuals living in the household. Examples of income that must be included in your household income are listed below. (For specific questions, see Part 3 on Page 4.)

- alimony or maintenance received
- annuities and other pensions
- Black Lung benefits
- business income
- capital gains

- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance
- cash winnings from such sources as raffles and lotteries
- Civil Service benefits
- damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- dividends
- farm income
- Illinois Income Tax refund (only if you received Form 1099-G)
- interest
- interest received on life insurance policies
- long term care insurance (federally taxable portion only)
- lump sum Social Security payments
- miscellaneous income, such as from rummage sales, recycling aluminum, or baby sitting
- military retirement pay based on age or length of service
- monthly insurance benefits
- pension and IRA benefits (federally taxable portion only)
- Railroad Retirement benefits (including Medicare deductions)
- rental income
- Social Security income (including Medicare deductions)
- Supplemental Security Income (SSI) benefits
- all unemployment compensation
- wages, salaries, and tips from work
- Workers' Compensation Act income
- Workers' Occupational Diseases Act income

What is not included in household income?

Some examples of income that are not included in household income are listed below. (For specific income questions, see Part 3 on Page 4.)

- cash gifts
- child support payments
- COBRA subsidy payments
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments
- federal income tax refunds
- IRA's "rolled over" into other retirement accounts, unless "rolled over" into a Roth IRA
- lump sums from inheritances
- lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from Foster Parent and Foster Grandparent programs
- Veterans' benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2019.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

You must file an application **every year** and meet the qualifications for that year to continue to receive the exemption.

Note: The CCAO may require additional documentation (*i.e.*, birth certificates, tax returns) to verify the information in this application.

What if I need additional assistance?

If you have questions about this form, please contact your CCAO at the address and phone number printed at the bottom of Page 1

“Senior Freeze” Exemption: Application Instructions

(Senior Citizens Assessment Freeze Homestead Exemption)

Section 2: Household Income Verification

“**Income**” for this exemption means 2019 federal adjusted gross income, **plus** certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from a governmental agency, SSI, and certain taxes paid. These Step-by-Step Instructions provide federal return line references and reporting statement references, whenever possible.

The amounts written on each line must include the 2019 income for you, your spouse, and **all** the other individuals living in the household.

Line 1 — Social Security and Supplemental Security Income (SSI) benefits

Write the total amount of retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received from the Social Security Administration (shown on Form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits). You also must include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses.

Note: The amount deducted for Medicare (\$1,608.00 yearly or \$134.00 per month, per person) is already included in the amount in box 3 of Form SSA-1099.

Line 2 — Railroad Retirement benefits

Write the total amount of retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3 — Civil Service benefits

Write the total amount of retirement, disability, or survivor’s benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4 — Annuities and other retirement income

Write the total amount of income the entire household

received as an annuity from any annuity, endowment, life insurance contract, or similar contract or agreement (shown on Form 1099-R). Include only the federally taxable portion of pensions, IRAs, and IRAs converted to Roth IRAs (shown on

U.S. 1040, Line 4b). IRAs are not taxable when “rolled over,” unless “rolled over” into a Roth IRA.

Line 5 — Human Services and other governmental cash public assistance benefits

Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the first two digits of any member’s Human Services case number are the same as any of those in the following list, you must include the total amount of any of these benefits on Line 5.

01 aged
02 blind
03 disabled

04 and 06 temporary assistance to
needy families (TANF)
07 general assistance

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period.

Food stamps and medical assistance benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6 — Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips from work for every household member (shown in box 1 of Form W-2).

Line 7 — Interest and dividends received

Write the total amount of interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8 — Net rental, farm, and business income or (loss)

Write the total amount of net income or loss from rental, farm, business sources, *etc.*, the entire household received, as allowed on U.S. 1040, Schedule 1, Lines 3, 5, and 6. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 9 — Net capital gain or (loss)

Write the total amount of taxable capital gain or loss the entire household received in 2019, as allowed on U.S. 1040, Line 6 and U.S. 1040, Schedule 1, Line 4. You **cannot** use a net capital loss carryover in figuring income.

Line 10 — Other income or (loss)

Write the total amount of other income or loss not included in Lines 1 through 9, that is included in federal adjusted gross income, such as alimony received, unemployment compensation, taxes withheld from oil or gas well royalties. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 11 — Add Lines 1 through 10.

Line 12 — Subtractions

You may subtract only the reported adjustments to income totaled on U.S. 1040, Schedule 1, Line 22. For example

- IRA deduction
- Archer MSA deduction
- moving expenses
- alimony or maintenance paid
- Educator expenses
- Tuition and fees
- Domestic production activities deduction
- health savings account deduction
- student loan interest deduction
- jury duty pay you gave to your employer
- deductible part of self-employment tax
- self-employed health insurance deduction
- self-employed SEP, SIMPLE, and qualified plans
- penalty on early withdrawal of savings

Line 13 — Total household income

Subtract Line 12 from Line 11. If this amount is greater than \$65,000, **you do not qualify for this exemption.**

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“Senior Freeze” Exemption for Tax Year 2020: Supporting Documents

To demonstrate the property is eligible for the Senior Citizens Assessment Freeze Homestead Exemption (“Senior Freeze” Exemption) for Tax Year 2020, you must provide documents that verify your (the applicant’s) identity. You may also be required to verify your date of birth, 2020 property occupancy, and tax liability.

Important: Be sure to supply all verification document(s) required. If someone is representing the applicant in submitting this application, please **also** supply an Attorney/Representative Authorization Form.

Step 1: Verify Identity and 2020 Occupancy of this Property

Note: If your name is different between any provided verification document(s) or the deed, you must **also** submit documentation sufficient to explain the name change, such as a certified marriage certificate, certified divorce decree, etc.

LIST OF ACCEPTABLE DOCUMENTS

Attach copies of one from List A, **OR** one from List B AND one from List C.

One photo ID from List A and an Occupancy Affidavit.		
The name and address on the photo ID must verify the application, and have a date of issue before January 1 of the C/E Tax Year.	List A: Photo IDs that verify identity and occupancy in the C/E tax year <ul style="list-style-type: none">• Illinois Drivers License / ID Card• Matrícula Consular ID• City of Chicago ID Card	
OR provide one photo ID from List B and one document from List C and an Occupancy Affidavit.		
<p>The name on the photo ID must verify information entered on the application.</p> <p>The name and property address on the List C document must verify information entered on the application, and must demonstrate that you occupied this property on or before January 1 of the C/E Tax Year.</p>	List B: Photo IDs that verify identity <ul style="list-style-type: none">• Illinois Drivers License / ID Card• Matrícula Consular ID• City of Chicago ID Card• Passport• US Military ID• Certificate of Naturalization (N-550/N-570)• Permanent Resident Card (I-551)• Refugee Travel Document (I-571)• Employment Authorization Card (I-766)	List C: Documents that verify occupancy in the C/E Tax Year <ul style="list-style-type: none">• Mailed bank statement• Mailed landline, cable, or internet bill• Mailed pay stub or Social Security Award letter• Voting record (from Cook County Clerk's Office or Chicago Board of Elections) Occupancy Affidavit: <ul style="list-style-type: none">• at cookcountyassessor.com

Step 2: Verify Property Tax Liability for this Property in the C/E Tax Year

If you **are** listed on the **deed** recorded at the Office of the Cook County Recorder of Deeds:

The Assessor’s Office staff can verify recorded deeds for you, so you do not need to provide a document.

OR if you are **not** listed on the recorded deed, please provide a copy of one of these documents:

- Deed (if not recorded) or contract for a deed
- Lease (condominiums and multi-unit apartment buildings not eligible)
- Will or Trust
- Co-op stock certificate or Occupancy Agreement

Questions? Please call us at (312) 443-7550 for help in English, Español, and Polskim.



OCCUPANCY AFFIDAVIT

Affiant's Name: _____ Phone #: (____) _____

Affiant's Current Address: _____
(property address, city, state and zip code)

I, _____, do hereby state under oath as follows:
(Affiant's name)

From _____ to _____, I occupied as my principal residence
(date) (date)

the property commonly known as _____ and
(property address, city, state and zip code)

identified by Property Index Number(s) _____,

and I did not request or receive a homestead exemption on a different property for any of those years.

I swear that the facts stated above are true and complete.

Signature of Affiant (required)