COOK COUNTY ASSESSOR | FRITZ KAEGI

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service-connected disability and specify the effective date.

(military service prior to 1950), or Certification of Military Service Form.

A non-remarried surviving spouse of a disabled veteran applying for

the first time or transferring the exemption must also provide their

marriage certificate, the disabled veteran's death certificate, and

proof of property ownership.

Form DD214 or separation of service from the War Department

CofE Type	CofE Number:
2021	
2020	
2019	
2018	

CERTIFICATE OF ERRO	R APPLIC			1
The Certificate of Error process provides the homeowner an	opportunity to redeem missi	ng exem	ptions.	0 9
Homeowners can now file for past exemptions for the 2021, STEP 1 Property Information	2020, 2019, and 2018 tax ye	ears.		B
			_	
Property Index Number(PIN)	Property Address			City
Name of Applicant	Phone Number	En	nail address	
Mailing Address (If different from property address)	City	State	Zip Code	Date of Occupancy
Check the box to	p receive news from the Assess	sor's Offic	;e 🗌	
STEP 2 Choose Eligible Exemption Check-mark all missing exemptions and You may choose multiple exemptions a Homeowner Exemption	d tax years for which you nd tax years. Senio	qualify r Exe	and would like to mption —	o apply.
 I occupied the property as my principal place of resid or before January 1st of the application year(s) indic I am liable for the payment of this property's taxes. I own this property or have a legal, equitable, or leasehold interest in this property. 	dence on ated. ✓ I am lia ✓ I own t or leas ✓ I was b	hied the p the year(able for t his prop schold in porn in or	(s) indicated. he payment of this erty or have a lega terest in this prope before 1956. Ente	al, equitable, erty. er date of birth:
I hereby apply for the Homeowner Exemption			for the Senior Exe	
Persons with Disabilities Exemption				lities Exemption —
 TAX YEAR 2021 2020 2019 2019 2019 I was or became disabled during the tax year(s) indice or before January 1st of the application year(s) indice I was a resident of a life care facility licensed under the Nursing Home Care Act and my property remained unoccupied or was occupied by my spouse. I am liable for the payment of this property's taxes. I own this property or have a legal, equitable, or lease interest in this property. 	ence on the app ated; or / I have ne US De / I am lia / I own th interest ehold / I have a of the E for mor	ied the p lication y at least 3 partment ble for th his prope t in this p total EA AV of the e than size	roperty as my princ vear(s) indicated. 30% service connet tof Veteran Affairs ne payment of this erty or have a lega property. V of less than \$250, e property used for x months.	l, equitable, or leasehold 000, after subtracting any portion commercial purposes or rented
I hereby apply for the Persons with Disabilities Exemp	otion Armed I	Forces or		erved as a member of the US e active duty, in IL National Guard norably discharged.
 Required Documents One of the following documents must be provided with application and must match the year(s) in which you ar Check-mark the documentation you are including. Class 2 or 2A Illinois Disabled Person ID Card from Secretary of State's Office. Proof of SSA Disability Benefits which includes: an letter, verification letter, annual COLA letter. If you a the age of 65 and receiving SSI disability benefits, is letter indicating SSI payments. Proof of Department of Veterans Affairs disability benefits, includes an award letter or certification letter indicating Proof of pension for a non service connected disa Proof of Railroad or Civil Service Disability benefits includes an award letter or verification letter of total 	this completion is award are under include a hefits which ting you are bility. disability. which construction is award are under include a hefits which ting you are bility. disability. which is award are under include a hefits which is award are under include are	te the fol Deceased y apply 1 ed Doc s must s s) in whice ark the d illity certif erans Aff e-connect	lowing: Disabled Veteran's Nar for the Veterans w suments ubmit a certification by you are applying ocuments you are ication or verificatio fairs (VA) stating the cted disability for the	MM/DD/YYYY ith Disabilities Exemption n letter from the VA that matches

disability. If you are unable to provide proof of your disability listed on the items above, you must submit Form PTAX 343-A, Physician's Statement for Proof of Disability, completed by a physician. [Note: You may also be required to be re-examined by an IDOR designated physician. You would be responsible for any cost incurred for your examination by any physician.]

 The Total Household Income at this property was \$65,000 or less in the income year prior to the tax year you are applying. This property was my principal place of residence on January 1 of the tax year(s) indicated and January 1 of the preceding year. I own this property January 1 of the tax year(s) indicated and January 1 of the preceding year. I was/am liable for the payment of this property's taxes for the tax year indicated and preceding year. 	come Verification for the Senior Freeze Only this exemption, the household (applicant, applicant's spouse, and all the property as their principal residence) must have had a combined 00 or less during the calendar year prior to the application tax year(s) g. For example, if you are applying for tax year 2021, then income year 2020 must be listed. Complete this worksheet to determine the each tax year(s) and list the names of all persons who used this principal residence as of January 1st of the year(s) you are applying:
Note: this exemption is subject to an audit by the Cool	ok County Assessor's Office.
Signing a fraudulent application for this exemption is perjury as defined in S Include the household total for all income entered.	2021 2020 2019 2018
1. Social Security, SSI benefits. Include Medicare deductions.	
2. Railroad Retirement benefits.	
3. Civil Service benefits.	
4. Annuities, federally taxable pensions and retirement plan distributions.	
5. Human Services and other governmental cash public assistance benefits.	
6. Wages, salaries, and tips from work.	
7. Interest and dividends received.	
8. Net rental, farm, and business income (or loss).	
9. Net capital gain (or loss).	
10. Other income (or loss).	
11. Subtotal: Add Lines 1 through 10	
12. Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040.	
13. Total Household Income: Subtract Line 12 from Line 11 If Line 13 is less than or equal to \$65,000, this household meets the income qualifications for the "Senior Freeze."	
STEP 3 Photo ID Required and Proof of Occupant	ncy STEP 4 Signature
All applicants must include Photo ID and an Occupancy Affidavit. The name and ac the ID must match what is entered on the application, and been issued before January 1 oldest tax year you are applying. If your current name is different from a former name on provided verification document(s) or the deed, you must submit documentation sufficient the he name change: a certified marriage certificate, divorce decree, etc. If you do not own t you must submit documentation showing a legal, equitable, or leasehold interest in the p Attach copies of one from List A or one from List B AND one from List C Photo IDs that verify identity and occupancy Attach copies of one from List A or one from List B AND one from List C Attach copies of one from List A or one from List B AND one from List C Attach copies of one from List A or one from List B AND one from List C Attach copies of one from List A or one from List B AND one from List C Attach copies of one from List A or one from List B AND one from List C Attach copies of one from List A or one from List B AND one from List C Attach copies of One from List A or one from List B AND one from List C Attach copies of One from List C Attach copies of One from List B C Attach copies of One from List B AND one from List C Attach copies of One from List B AND one from List C Attach copies of One from List B AND one from List C Attach copies of One from List B AND one from List B AND Attach copies of D A Attach Copies of D A	address on 1 of the n any t to explain property. To the best of my knowledge, the information contained in this application is true, correct and complete. I understand that if an exemption is granted in error, this property may be subject to a lien for back taxes and penalties in accordance with Section 9-275 of the Illinois Property Tax Code. I affirm that neither I nor my spouse (if any) have applied for a Homestead Exemption on any other property. If you are completing a paper form, mail a completed
in the tax year. • City of Chicago ID Card If the address on your Photo ID doesn't reflect the property address, provide one photo ID from List B and one document from List C.	form with applicable documentation to: Cook County Assessor 118 N. Clark Street, Room 320 Chicago, IL 60602
 B • IL Drivers License / IL ID Card Matrícula Consular ID • City of Chicago ID Card Card Card Card Card Card Card Card Card 	
US Passport US Military ID Card Pay stub	Applicant's Signature
 Certificate of Naturalization (N-550/N-570) Permanent Resident Card (I-551) Refugee Travel Document (I-571) Employment Authorization (I-766) Social Security Award Letter Voting record (from Cook County Clerk's Office or Chicago Board of Elections) 	Date

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

COOK COUNTY ASSESSOR FRITZ KAEGI



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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)	, do hereby state under oath as follows:	
From to	, I occupied as my principal residence	
the property commonly known as		and
	(property address, city, state and zip code)	
identified by Property Index Number(s	6)	_,
and I did not request or receive a hom	nestead exemption on a different property for any of tho	se years.
I swear that the facts stated above are	e true and complete.	

Signature of Affiant (required)		

Updated March 23, 2020