



WILL COUNTY SUPERVISOR OF ASSESSMENTS

Will County Office Building
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Supervisor of Assessments

Office: (815) 740-4648 (Se habla español)
Website: www.willcountysoa.com

PTAX 342: STANDARD HOMESTEAD EXEMPTION FOR VETERANS WITH DISABILITIES

To complete your application for the Standard Homestead Exemption for Veterans with Disabilities, please fill out PTAX-342 in its entirety, sign and date Step 4, and return the application with the documentation listed below.

First Time Disabled Veteran Applicant:

- Provide a 2026 verification letter from the U.S. Department of Veterans Affairs showing your combined service-connected disability percentage.
- Provide a DD 214 or Illinois Driver's License with Veteran Designation.
- Sign and date application (Applications signed by a legal representative must be accompanied by proper documentation, such as a Power of Attorney document)
- Provide your property index number (PIN) on the form.

First Time Surviving Spouse of a Disabled Veteran Applicant:

- Applicants applying for the first time as a surviving spouse must provide:
 - Marriage and Death Certificate
 - Confirmation of receipt of Dependency and Indemnity Compensation (DIC) from the U.S. Department of Veterans Affairs, if applicable
- Qualifying surviving spouses must remain un-remarried to receive this exemption.
- Surviving spouses must reapply for this exemption annually.

If you have received this exemption at a previous residence, you must re-apply to transfer the exemption to your new primary residence. Failure to do so, will result in the exemption not being applied to your current primary residence. Please contact the Will County Supervisor of Assessments Office for further instruction.

TOTALLY AND PERMANENTLY DISABLED VETERANS: If you have a combined service-connected disability rating of 100% **AND** are deemed to be totally and permanently disabled by the U.S. Department of Veterans Affairs, you are not required to apply annually for this exemption once you have submitted an application with documentation showing you are 100% **AND** totally and permanently disabled.

IMPORTANT: Due to a change in legislation, if your primary residence has an assessed value over \$250,000, you may now be eligible for this exemption

Please return your completed application, and any other required materials to the Will County Supervisor of Assessments Office by **July 1, 2026**. Applications and materials **MUST** be mailed or brought in to our office. **We cannot accept any faxed or e-mailed applications.** Failure to complete the application and supply the required materials will automatically result in the rejection of this exemption. If you have any questions regarding this exemption, please call (815) 740-4648.

Applications for exemptions are maintained by the Chief County Assessment Officer. These documents are kept confidential and are not for public inspection.

Revised 01/12/2026

PTAX-342 Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD)

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City **IL** State ZIP

(_____) _____
Daytime phone Email address

Send notice to (if different than above)

2 _____
Name

Mailing address

City State ZIP

(_____) _____
Daytime phone Email address

3 Enter the assessment year for which you are filing this form. _____
Year

4 Were you liable for paying the property taxes on this property from either January 1st or from the date of occupancy? Yes No

5 Check your type of residence.

Single-family dwelling

Duplex

Townhouse

Condominium

Other _____

6 Enter the property index number (PIN) of the property for which you are requesting the SHEVD. Your PIN is listed on your property tax bill or you may obtain it from the Chief County Assessment Officer (CCAO).

a PIN _____

b Enter the legal description only if you are unable to obtain your PIN. (Attach a separate sheet if needed.)

7 What date **did you** first occupy this property as your principal residence? _____
Month / Day / Year

8 Is any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? Yes No

9 Were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs at any time during this year? Yes No
If "Yes," complete Lines a through c.

a Enter the name and address of the facility and the dates of residency there for this assessment year .

b Was your property occupied by your spouse? Yes No

c Did your property remain unoccupied? Yes No

10 Have you received this exemption at another address? Yes No
If yes, please list the address:

Mailing address

City **IL** State ZIP

Step 2: Complete the disabled veterans' eligibility information

11 Are you an Illinois resident? Yes No

12 Are you a veteran or the **un-remarried** surviving spouse of a veteran with a disability 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

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

Note: You must provide documentation. See "Do I need to provide documentation?" on the back of this form.

Step 3: Complete the following information

14a Are you the surviving spouse of a deceased veteran? Yes No

b If "Yes," were you remarried at the time of occupancy? Yes No

c Was the veteran killed in the line of duty? Yes No

d Are you a recipient of dependency and indemnity compensation under federal law? Yes No

e Enter the veteran's date of death. _____
Month Day Year

15 If you are claiming the SHEVD 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 written instrument

Lease Specify: _____

a Enter the date the written instrument was executed. _____
Month / Day / Year

b If the instrument is recorded, complete the information below.

Recorded document number

Date document recorded _____
Month / Day / Year

Step 3, continued: Complete the following information

16 If you are the surviving spouse, are you claiming this exemption on your new primary residence for the first time?

Yes No

If "Yes," complete Lines a through c.

a _____
Name of veteran _____ Date of death _____

b Did you sell your spouse's homestead property that received the SHEVD? Yes No

c Identify the veteran's homestead property that previously received the SHEVD. You can obtain this information from the property tax bill or CCAO.

Property owner's name

Street address of homestead property

City State ZIP

PIN _____

****If needed, attach a legal description of the property.**

Step 4: Sign below

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

Property owner's or authorized representative's signature

_____/_____/_____
Month Day Year

Official use. Do not write in this space.

Date received: ____/____/____

Board of review action date: ____/____/____

Verify proof of eligibility _____

Approved

Denied

Exemption amount

\$2,500 \$5,000 Tax exempt \$ _____

Reason for denial _____

Is the residential EAV over \$250,000? Yes No

Comments: _____

Assessment information

EAV of improvements \$ _____

EAV of land \$ _____

Total EAV of improvement/land \$ _____

EAV commercial/rented property \$ _____

Total EAV minus commercial/rented EAV \$ _____

Note: An EAV of \$250,000 or more, excluding commercial property or portion of the property rented for more than 6 months, does not qualify for SHEVD.

Form PTAX-342 General Information

What is the Standard Homestead Exemption for Veterans with Disabilities (SHEVD)?

The SHEVD (35 ILCS 200/15-169) provides an annual reduction in the equalized assessed value (EAV) of a primary residence occupied by a veteran with a disability, or the veteran's qualifying surviving spouse, on January 1 of the assessment year or on a prorated basis during the time of occupancy for the assessment year. The SHEVD amount depends on the percentage of the service-connected disability as certified by the U.S. Department of Veterans' Affairs.

If the veteran has a service-connected disability of 30% or more but less than 50%, then the annual exemption is \$2,500; if the veteran has a service-connected disability of 50% or more but less than 70%, then the annual exemption is \$5,000; and if the veteran has a service-connected disability of 70% or more, then the residential property is exempt from taxation under this Code.

Who is eligible?

To qualify for the SHEVD, the veteran must

- be an Illinois resident 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, and who has an honorable discharge;
- have at least a 30 percent service-connected disability certified by the U.S. Department of Veterans' Affairs; and
- own and occupy the property as the primary residence during all or a portion of the assessment year or lease and occupy a single family residence during all or a portion of the assessment year and be liable for the payment of the property taxes to the county.

Note: The property's total EAV must be less than \$250,000 after subtracting any portion used for commercial purposes. "Commercial purposes" include any portion of the property rented for more than 6 months.

If you previously received the SHEVD and now reside in a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs, you are still eligible to receive the SHEVD provided your property is occupied by your spouse; or remains unoccupied during the assessment year.

Is a surviving spouse eligible?

An **un-remarried** surviving spouse of a veteran:

- can continue to receive the SHEVD on the veteran's primary residence, provided the SHEVD had previously been granted to the veteran. The surviving spouse can transfer the SHEVD to another primary residence after the veteran's original primary residence is sold.
- is eligible for the SHEVD on his/her primary residence if the veteran was killed in the line of duty, even if the veteran did not previously qualify or obtain the SHEVD.
- may also qualify for the SHEVD if the veteran did not obtain the SHEVD before death but would have qualified in the taxable year for which the exemption is sought if he or she had survived, the spouse has been a resident of Illinois from the time of the veteran's death through the taxable year for which the exemption is sought, and supporting documentation is obtained and filed with the CCAO.
- is eligible for the SHEVD on his/her primary residence if the veteran's death was determined to be service-connected and the spouse is certified by the U.S. Department of Veterans Affairs as a recipient of dependency and indemnity compensation under federal law, even if the veteran did not previously qualify or obtain the SHEVD.

An **un-remarried** surviving spouse must occupy and hold legal or beneficial title to the primary residence during the assessment year.

Do I need to provide documentation?

Your Chief County Assessment Officer (CCAO) will require documentation to verify your eligibility for the SHEVD. You must provide documentation from the U.S. Department of Veterans' Affairs for the current assessment year and one of the following documents that is the original or a copy certified by the county recorder, recorder of deeds, Illinois Department of Veterans' Affairs, or the National

Archives Record Center.

- Form DD 214 or separation of service from the War Department (military service prior to 1950);
- Certification of Military Service Form; or
- Illinois Driver's license or ID card showing a Veteran's Designation.

To request documentation that specifies your percentage of "service-connected disability rating,"

- call your local Department of Veteran's Affairs office (or other veteran's assistance office), or
 - go online to your Veteran's E-benefit account at ebenefits.va.gov.
- Any other rating is not valid.

An **un-remarried** surviving spouse of a veteran with a disability, who previously received this exemption, must provide the following documents to transfer the SHEVD to themselves or to transfer the SHEVD to a new primary residence:

- the veteran's marriage certificate;
- the veteran's death certificate; and
- proof of ownership.

In the event the veteran was killed in the line of duty, the surviving spouse must **also** provide, in place of the veteran's death certificate, the DD Form 1300, Report of Casualty, issued from the United States Department of Defense. Contact the Department of Veteran's Affairs for assistance in obtaining this form.

If the qualifying veteran has a combined service-connected disability rating of 100% and is deemed to be permanently and totally disabled, as certified by the US Dept. of Veterans Affairs, the veteran who has been granted this exemption is not required to annually reapply for the exemption, and the exemption shall remain in effect for as long as would have otherwise been permitted. The qualifying veteran must file a Summary of Benefits letter with the CCAO to verify the proper ratings.

When will I receive my exemption?

The year you apply for the SHEVD is referred to as the assessment year. The county board of review, while in session for the assessment year, has the final authority to grant your SHEVD. If granted, your SHEVD will be applied to the property tax bill paid the year following the assessment year. The exemption will be prorated if the property is occupied for only a portion of the assessment year.

When and where do I file my Form PTAX-342?

You (including an **un-remarried** surviving spouse applying for the first time or for a new primary residence) should file your Form PTAX-342 with your CCAO by the due date to receive this exemption. Contact your CCAO at the address and phone number below for assistance and filing information with your county.

Note: To continue receiving the SHEVD on your residence, you must file Form PTAX-342-R, Annual Verification of Eligibility for Standard Homestead Exemption for Veterans with Disabilities, each year with your CCAO unless specifically exempted by law.

WILL _____ County, CCAO

302 N CHICAGO STREET

Mailing address

JOLIET

City

IL 60432

ZIP

If you have any questions, call (**815**) **740** **-4648**

Are there other homestead exemptions available for a person with a disability?

Yes. However, only one of the following homestead exemptions may be claimed on your property for a single assessment year:

- **Veterans with Disabilities Exemption**
- **Homestead Exemption for Persons with Disabilities**
- **Standard Homestead Exemption for Veterans with Disabilities**