



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 343-R: ANNUAL VERIFICATION OF ELIGIBILITY FOR THE HOMESTEAD EXEMPTION FOR PERSONS WITH DISABILITIES

To complete your renewal application for the Homestead Exemption for Persons with Disabilities, please fill out the PTAX-343-R in its entirety, sign and date Step 3, and return the application with the documentation listed below.

Applicants with Valid Class 2 or 2A Illinois ID:

- Provide a copy of your un-expired Class 2 or 2A Illinois Disabled Persons Identification Card issued the by the Illinois Secretary of State's Office
- Applicants with an un-expired Class 2 or 2A Illinois Disabled Person Identification Card already on file with our office can simply return the completed and signed application without further documentation.
- Class 1 and 1A do not qualify.

Applicants without Valid 2 or 2A Illinois ID must provide:

- *Proof of 2026 Social Security Administration Disability Benefits.
- Proof of 2026 Veterans Administration disability benefits, including an award letter or verification letter indicating you are receiving a pension for a non-service-connected disability.
- Proof of 2026 Railroad or Civil Service Disability Benefits, which includes an award letter of total (100%) disability.

*Proof of Social Security Administration Disability benefits include but is not limited to: your 2026 award letter or your 2026 benefit verification letter. All documentation from the Social Security Administration to support your qualification for the Homestead Exemption for Persons with Disabilities must be dated 2026 and explicitly indicate you receive disability benefits.

If you cannot provide any of the above listed items, you must submit form PTAX 343-A, which must be completed by an Illinois licensed physician. You may be required to be re-examined by an IDOR designated physician, and you may be responsible for any costs incurred for your examination.

The Will County Supervisor of Assessments Office reserves the right to request further documentation.

Please return your completed application 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.** If you have any questions regarding this exemption, please call (815) 740-4648.

Failure to respond will automatically result in rejection of this exemption.

PTAX-343-R Annual Verification of Eligibility for the Homestead Exemption for Persons with Disabilities (HEPD)

Last date to apply: ____/____/____

Read this first

To continue to receive the HEPD, you must file Form PTAX-343-R each year with your Chief County Assessment Officer (CCAO) by your county's due date. Failure to do so may result in the termination of the exemption.

Step 1: Complete the following information

1 _____
Property owner's name

Street address of homestead property

City State ZIP

(_____) - _____
Daytime phone Email address

2 Your date of birth: ____/____/____

3 Assessment year for which you are requesting this exemption: _____
Year

4 Enter the property index number (PIN) of the property for which you receive the exemption listed on your property tax bill. You may obtain it from your CCAO. If you are unable to obtain your PIN, attach a copy of the legal description.

a PIN _____

Step 2: Complete your affidavit

Part 1: Check either "yes" or "no" as it applies to the property and assessment year you identified in Step 1.

- 5 Is this the only property for which you have applied for this exemption? Yes No
- 6 On January 1, were you the owner of record, or have a legal or equitable interest, or have a life care contract with a facility under the Life Care Facilities Act? Yes No
- 7 Are you liable for the payment of real estate taxes? Yes No
- 8 On January 1, did you occupy this property as your primary residence? Yes No
- 9 On January 1, were you a resident of a facility licensed under the ID/DD (intellectually disabled/developmentally disabled) Community Care Act, Nursing Home Care Act, Specialized Mental Health Rehabilitation Act of 2013, or MC/DD (Medically Complex for the Developmentally Disabled) Act? Yes No

If Yes,

a enter the name and address of the facility.

b was this property occupied by your spouse or did it remain unoccupied? Yes No

Part 2: Mark the statement to identify the proof of disability that qualifies you for the HEPD

If your proof of disability benefits has expired, terminated or switched to retirement from the prior assessment year, your CCAO may require additional documentation. If you check "e" below, you must attach your completed Form PTAX-343-A. See instructions.

10 a _____ Valid Class 2 or 2A Illinois Disabled Person Identification Card issued from the Illinois Secretary of State.

ID card number: _____ Issue date: ____/____/____

Class: _____ Expiration date: ____/____/____

b _____ Social Security Administration (SSA) disability benefits — Claim no.: _____

c _____ Veterans Administration (VA) pension for a non-service connected disability — Claim/file no.: _____

d _____ Railroad or Civil Service disability benefits for total (100%) disability — Claim/file no.: _____

e _____ Form PTAX-343-A, Physician's Statement for the Homestead Exemption for Persons with Disabilities.

Step 3: Sign below

I state under penalties of perjury that to the best of my knowledge, the information contained in this application is true, correct, and complete.

Property owner's or authorized representative's signature Date

This form is authorized in accordance with the Illinois Property Tax Code. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Form PTAX-343-R

General Information

What is the Homestead Exemption for Persons with Disabilities?

The Homestead Exemption for Persons with Disabilities(HEPD) (35 ILCS 200/15-168) provides an annual \$2,000 reduction in the equalized assessed value (EAV) of the property owned and occupied as the primary residence on January 1 of the assessment year by a person with a disability who is liable for the payment of property taxes.

Who is eligible?

To qualify for the HEPD you must

- have a disability during the assessment year (i.e., cannot participate in any "substantial gainful activity by reason of a medically determinable physical or mental impairment" which will result in the person's death or that will last for at least 12 continuous months),
- own or have a legal or equitable interest in the property on which a single-family residence is occupied as your primary residence on January 1 of the assessment year, and
- be liable for the payment of the property taxes.

If you previously received the HEPD and now reside in a facility licensed under the ID/DD (intellectually disabled/developmentally disabled) Community Care Act, Nursing Home Care Act, Specialized Mental Health Rehabilitation Act of 2013, or MC/DD (Medically Complex for the Developmentally Disabled) Act you are still eligible to receive the HEPD provided your property

- is still occupied by your spouse; or
- remains unoccupied during the assessment year.

If you are a resident of a cooperative apartment building or life care facility as defined under Section 2 of the Life Care Facilities Act (210 ILCS 40/1 et. seq.) you are still eligible to receive the HEPD provided you occupy the property as your primary residence and you are

- liable by contract with the owner(s) of record for the payment of the apportioned property taxes on the property; and
- an owner of record of a legal or equitable interest in the cooperative apartment building. Leasehold interest **does not** qualify for this exemption.

What documentation is required?

Your Chief County Assessment Officer (CCAO) may request you provide documentation as proof of your disability to continue to qualify for the HEPD. You must provide documentation if your proof of disability has changed or expired from the prior year, including Social Security Administration's disability benefits that switched over to retirement benefits. The proof of disability must be for the **assessment year** shown on Line 3 of this application.

If you are unable to provide any of the items listed below as proof of your disability, you must resubmit Form PTAX 343-A, Physician's Statement for Homestead Exemption for Persons with Disabilities, each year to your CCAO. This form must be completed by a physician, advanced practice nurse, physician assistant, or optometrist. **All examination costs are your responsibility to pay.**

Note: Certification by a licensed optometrist is limited to disabilities related to visual impairment.

- 1 A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State's Office. Class 2 or Class 2A qualifies for this exemption. Class 1 or 1A does **not** qualify.
- 2 Proof of Social Security Administration disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI). If you are under full retirement age and receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (COLA Forms SSA-L8151, SSA-L8155, or SSA-L8156).
- 3 Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.
- 4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

When will I receive my exemption?

The year you apply (renew) for this exemption 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 exemption. If your exemption is granted, it will be applied to the property tax bill paid the year **following** the assessment year.

When and where must I file Form PTAX-343-R?

To continue to receive this exemption, you must file Form PTAX-343-R, each year with your CCAO. Failure to do so may result in termination of the exemption. Contact your CCAO at the telephone number or address below for assistance and to verify your county's due date.

File or mail your completed Form PTAX-343-R:

_____ County, CCAO

Mailing address _____

City _____ **IL** _____
ZIP _____

If you have any questions, call: (____) _____ - _____

Can I designate another person to receive a property tax delinquency notice for my property?

Yes. Contact your CCAO for information on how to designate another person to receive a duplicate of a property tax delinquency notice for your property.

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

Yes. However, only one of the following disabled 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**

Official use. Do not write in this space.

Date received: ____/____/____

Board of review action date: ____/____/____

Verify Proof of Disability: 1 2 3 4 343-A

Approved Denied

Expiration date: ____/____/____

Reason for denial _____

Comments: _____

PTAX-343-A Physician's Statement for the Homestead Exemption for Persons with Disabilities

Read this first

To qualify for the Homestead Exemption for Persons with Disabilities (HEPD), 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 physician's 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 HEPD: _____
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 Chief County Assessment Officer (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, Advanced Practice Nurse, Physician Assistant, or Optometrist - Complete the following information

Part A: Patient information - Please print.

The patient must meet the 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 Congenital disorders that Affect Multiple Body Systems |
| <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 Cancer (Malignant Neoplastic Diseases) |
| <input type="checkbox"/> 7.00 Hematological | <input type="checkbox"/> 14.00 Immune |

9 What is the nature of the disability? _____

Part B: Physician, Advanced Practice Nurse, Physician Assistant, or Optometrist information

- 10 Name: _____
- 11 Enter your license number and issuing state:
License number: _____ State: _____

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, Advanced Practice Nurse, Physician Assistant, or Optometrist signature Date ____/____/____

General Information

To qualify for the Homestead Exemption for Persons with Disabilities (HEPD), proof of a disability is required. The acceptable proof of disability is listed below. If you are unable to provide any of these as proof of your disability, you and a licensed physician, advanced practice nurse, physician assistant, or optometrist must complete Form PTAX-343-A. You are responsible for any physicians' costs.

Note: Certification by a licensed Optometrist is limited to disabilities related to visual impairment.

What is considered proof of disability?

- 1 A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State's Office. Class 2 or Class 2A qualifies, Class 1 or 1A does **not** qualify.
- 2 Proof of Social Security Administration (SSA) disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only Form SSA-4926-SM-DI). If you are under the age of 65 receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (SSA-L8151, SSA-L8155, or SSA-L8156).
- 3 Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.
- 4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

When and where must I file this Form PTAX-343-A?

You must file Form PTAX-343-A with your Chief County Assessment Officer (CCAO) at the address shown below prior to your county's due date for the Homestead Exemption for Persons with Disabilities (HEPD). Contact your CCAO at the telephone number or address below for assistance.

File or mail your completed Form PTAX-343-A to:

_____ County, CCAO

_____ Mailing address

_____ City, IL ZIP _____

If you have any questions, please call: (____) _____ - _____

Social Security Administration's Listing of Impairments

The Listing of Impairments describes, for each major body system, impairments that are considered severe enough to prevent a person from doing any gainful activity. Most of the listed impairments are permanent or expected to result in death, or a specific statement of duration is made. For all others, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months. The criteria in the listing of impairments are applicable to evaluation of claims for disability benefits from the Social Security Administration (SSA). Visit the SSA website for more specific information at ssa.gov.

- | | | | |
|------|---------------------------|-------|--|
| 1.00 | Musculoskeletal System | 8.00 | Skin Disorders |
| 2.00 | Special Senses and Speech | 9.00 | Endocrine Disorders |
| 3.00 | Respiratory System | 10.00 | Congenital Disorders that Affect Multiple Body Systems |
| 4.00 | Cardiovascular System | 11.00 | Neurological |
| 5.00 | Digestive System | 12.00 | Mental Disorders |
| 6.00 | Genitourinary System | 13.00 | Cancer (Malignant Neoplastic Diseases) |
| 7.00 | Hematological Disorders | 14.00 | Immune Systems Disorders |

Official use. Do not write in this space.

Date received: _____ / _____ / _____
Month Day Year

DFPR license verified: _____ / _____ / _____
Month Day Year

Comments: _____

