Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

PTAX-329 Certificate of Status—Senior Citizens Homestead Exemption

Who should file this form?
You should file this form each year if you received a senior citizens homestead exemption in the prior year and your chief county assessment officer (CCAO) requires annual verification of your eligibility status. Failure to file this form may result in the termination of the exemption.

When and where must I file?
You must file this form with the CCAO at the address shown below by **May 31** of each year. Contact your CCAO for information on how you designate another person to receive a duplicate of a property tax delinquency notice for your property.
Note: You may be required to provide additional documentation.

Step 1: Complete the following information

Please type or print

1 _____
Property owner's name

_____
Street address of homestead property

_____ **IL** _____
City State ZIP

(_____)_____
Daytime phone

2 Enter the assessment year for which you are filing this form. ____ ____ ____ ____

3 Enter the property index number (PIN) of the property for which you are filing this form. Your PIN is listed on your property tax bill or you may obtain it from the CCAO. If you are unable to obtain your PIN, attach a copy of the legal description.

a PIN: _____

Step 2: Complete the eligibility status certification information

4 Did you receive a senior citizens homestead exemption on this property last year? ☐ Yes ☐ No

5 On January 1 were you the owner of record **or** did you have a legal or equitable interest in this property **or** did you have a life care contract with a facility under the Life Care Facilities Act? ☐ Yes ☐ No

6 On January 1 did you occupy this property as your principal residence? ☐ Yes ☐ No

7 On January 1 were you a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or ID/DD (intellectually disabled/developmentally disabled) Community Care Act, MC/DD (Medically Complex for the Developmentally Disabled) Act, or Specialized Mental Health Rehabilitation Act of 2013? ☐ Yes ☐ No

If **Yes,**

a enter the name and address of the facility.

_____

_____

b was this property occupied by your spouse who is 65 years of age or older? ☐ Yes ☐ No
If "Yes", enter spouse's date of birth: __ __/__ __/__ __ __ __

c did this property remain unoccupied? ☐ Yes ☐ No

8 On January 1 were you liable for the payment of real estate taxes on this property? ☐ Yes ☐ No

9 Did you receive a senior citizens homestead exemption on any other property in Illinois last year? ☐ Yes ☐ No

If **Yes**, enter the county location and the PIN. If you are unable to obtain your PIN, attach a copy of the legal description.

a _____ County

b PIN: _____

Note: Your exemption can continue if you now reside in a facility licensed under the acts listed in Line 7 if your property is occupied by your spouse, who is 65 years of age or older, **or** your property remains unoccupied during the assessment year.

Step 3: Sign below

Under penalties of perjury, I state that to the best of my knowledge, the information on this form is true, correct, and complete.

_____ _____/_____/_____
Property owner's or authorized representative's signature Month Day Year

If you have any questions, please call:
(815) 432-6978

Mail your completed Form PTAX-329 to:
IROQUOIS County Chief County Assessment Officer
1001 E GRANT ST
Mailing address
WATSEKA IL 60970
City ZIP

Official use. Do not write in this space.

Date received ___ ___/___ ___/___ ___ ___ ___ ☐ Approved ☐ Denied

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