## 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.

exemption.				Note: You may be required to provide additional documentation.			
S	tep 1: Complete the following in	formatio	n				
Ple 1	ease type or print		2	Enter the assessment year for			
	Property owner's name			which you are filing this form.			
	Street address of homestead property  IL  City State ZIF  ()  Daytime phone	,	3	Enter the property index number (PIN) of the p you are filing this form. Your PIN is listed on you or you may obtain it from the CCAO. If you are your PIN, attach a copy of the legal description a PIN:	our property unable to n.	y tax bill obtain	
S	tep 2: Complete the eligibility st	atus cerl	tific	ation information			
	Did you receive a senior citizens homestead	Yes No		On January 1 were you liable for the payment of real estate taxes on this property?	Yes	□No	
5	On January 1 were you the owner of record <b>or</b> did you have a legal or equitable interest in this property <b>or</b> did you have a life care contract with a facility under the Life Care Facilities Act?	<b>9</b> □ Yes □ No	9	9 Did you receive a senior citizens homestead exemption on any other property in Illinois last year? Yes  If Yes, enter the county location and the PIN. If you are to	□ No		
6	On January 1 did you occupy this property as your principal residence?	Yes No	to a b	to obtain your PIN, attach a copy of the legal description.			
,	On January 1 were you a resident of a facility license 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 Developmentally Disabled) Act, or Specialized Menta Health Rehabilitation Act of 2013?  If Yes,  a enter the name and address of the facility.	d) ex for the		b PIN:		acility ty is older,	
	b was this property occupied by your spouse who is 65 years of age or older?  If "Yes", enter spouse's date of birth://////	Yes No					
	c did this property remain unoccupied?	Yes ∐ No					
Ur	tep 3: Sign below ider penalties of perjury, I state that to the best of my keeperty owner's or authorized representative's signature	nowledge, the	infor	rmation on this form is true, correct, and comple	te.		
If you have any questions, please call:			Ma	ail your completed Form PTAX-329 to:			
(_	)		_	County Chief County Ass	essment C	)fficer	
			Ma	iling address			
			City	y IL	ZIP		
	Offic	cial use. Do not	write	e in this space.			

Date received

☐ Approved

☐ Denied