

HEPD-343-A

Physician's Statement for 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 HEPD-343-A. You are responsible for any physicians' costs.

Step 1: Applicant - Complete the following information

1 _____
Property owner's name

Street address of homestead property

City IL _____ 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)

PIN ____ - ____ - ____ - ____ - (____)

Write a brief legal if you do not know the PIN:

Step 2: Physician - 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 Is this a **Permanent Disability**? Yes No

7 Can the patient do the same type of work as prior to their disability? Yes No

7a Was the patient able to work for a living after this date? Yes No

8 Has the disability lasted or is it expected to continue for 12 months or more? Yes No

9 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 Impairments that Affect Multiple Body |
| <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 Malignant Neoplastic |
| <input type="checkbox"/> 7.00 Hematological | <input type="checkbox"/> 14.00 Immune |

10 What is the nature of the disability? _____

Part B: Physician information

11 Name: _____

12 Your Illinois physician's license number issued by the Illinois Department of Financial and Professional Regulations: 0 3 6 - _____

13 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's signature: _____ Date: ____/____/____

General Information

What is considered proof of disability?

1. *Proof of Social Security Administration disability benefits.* This proof includes an annual cost of living adjustment (COLA) letter for the current assessment year OR an award letter OR verification letter. If Social Security disability benefits have changed over to Social Security retirement benefits, another form of proof of disability will be required. Those individuals, who turn 66 years old or older in the applied year, may need to complete a HEPD 343-A, OR attain an Illinois Person with a Disability Identification Card.
2. *A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State's Office.* **Note: Only a Class 2, 2A or 20 qualifies for this exemption; a Class 1 or 1A will be denied because it does not qualify.** You may obtain an application form from the Secretary of State's website or visit the nearest Illinois Driver license facility.
3. *Proof of Veterans Administration disability benefits.* This proof 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.* This is an award letter or verification letter of total (100%) disability.

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When and where must I file this Form HEPD-343-A? You must file Form HEPD-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 **MCHENRY COUNTY ASSESSMENT OFFICE** at the **(815) 334-4290** or address below for assistance.

File or mail your completed Form HEPD-343-A: **McHenry County Office of Assessments**
2200 N. SEMINARY AVE
(ADMIN BLDG RM 106)
WOODSTOCK IL 60098-2600

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 SSA web site for more specific information.

1.00	Musculoskeletal System	8.00	Skin Disorders
2.00	Special Senses and Speech	9.00	Endocrine System
3.00	Respiratory System	10.00	Impairments 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	Malignant Neoplastic Diseases
7.00	Hematological Disorders	14.00	Immune System

Official use. Do not write in this space.

Date received: ____/____/____
Month Day Year

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

Comments: _____

