

HEPD-343

HOMESTEAD EXEMPTION for PERSONS with DISABILITIES

NEW / RENEWAL 20\_\_\_\_\_

Last Date to Apply: 07 / 01 / 2021

The State of Illinois requires you to renew the Homestead Exemption for Persons with Disabilities Application and provide evidence of your disability status each year. Please read the instructions on the reverse side before completing the application.

Section 1

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
SEND NOTICE TO: (If different from above)

Alternate Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Section 2

PIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Section 3 On January 1, were you a resident of a facility licensed under the Intellectually Disabled/ Developmentally Disabled Community Care Act, Nursing Home Care Act OR Specialized Mental Health Rehabilitation Act of 2013 or MC/DD (Medically Complex for the Developmentally Disabled) Act? [ ] YES [ ] NO If yes, name and address of facility: \_\_\_\_\_

If the prior question was answered "YES" was the property occupied by your spouse OR remain vacant? [ ] YES [ ] NO

Section 4 Proof of Eligibility – Check one and submit one copy

- a. Valid Class 2, 2A, or 20 Illinois Person with a Disability Identification Card (See Instructions on Back) ID # \_\_\_\_\_ Class \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
b. Social Security Disability Benefits or Cost of Living Adjustment (COLA) Letter for the applied year
c. Current Non-Service connected Veterans Administration disability letter
d. Railroad or Civil Service Disability benefits (must be 100% total) disability letter
e. Form HEPD 343-A, Physicians Statement for Disabled Person Homestead Exemption

Section 5 AFFIDAVIT If the property is in trust, please provide a copy.

I am receiving homestead exemptions on the above property ONLY and not on any other property, including any property outside of Illinois. [ ] YES [ ] NO

I am liable for the payment of real estate taxes for the above address. [ ] YES [ ] NO

On January 1st of the applied year, the above address was my principal residence. [ ] YES [ ] NO

Check yes if any part applies on the following question.

I am the owner of record OR have equitable interest OR I have a life care contract with a facility under the Life Care Facilities Act, for the above addressed property as of January 1 of the applied year. [ ] YES [ ] NO

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

I have read the instructions and understand the requirements for the Homestead Exemption for Persons with Disabilities.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 3/2021

Official use. Do not write in this space.

Approved or Reason for denial \_\_\_\_\_

Documentation: ID \_\_\_\_\_ EXP \_\_\_\_\_ COLA VA RR CS PS \_\_\_\_\_ EXP \_\_\_\_\_ NOA SSL PTL By \_\_\_\_\_

DP DOCKET # \_\_\_\_\_ Deed Doc # \_\_\_\_\_ (New Apps Only) [ ] Trust Rec'd Date \_\_\_\_\_

NEW

R P E

By \_\_\_\_\_

Date \_\_\_\_\_

RENEWAL

✓ 'd

By \_\_\_\_\_

Date \_\_\_\_\_

## Form HEPD-343 General Information

### What is the Homestead Exemption for Persons with Disabilities (HEPD)?

The Homestead Exemption for Persons with Disabilities (HEPD) (IL tax code 35 ILCS 200/15-168) provides an annual \$2000 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 tax payment of property taxes.

### Who is eligible?

To qualify for the HEPD you must

- be disabled or have become disabled 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 months).
- Own or have 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.
- Leasehold interest **does not** qualify for this exemption.

If you previously received the Homestead Exemption for Persons with Disabilities and now reside in a facility licensed under the ID/DD (intellectually disabled/ developmentally disabled) Community Care Act, Nursing Home Care Act, or 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 either occupied by your spouse OR the property remains vacant during the assessment year.

### What documentation is required?

**RENEWAL APPLICATIONS:** You must file this application to renew the exemption each year. Include a complete copy of your cost of living adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI) for the current assessment year or a copy of your Illinois Person with a Disability Identification Card provided by the Secretary of State’s Office.

**NOTE:** *There are Restrictions on disabled ID Cards. Only a Class 2, 2A or 20 qualifies for this exemption; a Class 1 or 1A will be denied because it does not qualify.*

**FIRST TIME APPLICANTS:** You must provide one of the following items to qualify for the Homestead Exemption for Persons with Disabilities. The proof of disability must be for the assessment year that you write in Section 2 of this application:

1. *Proof of Social Security Administration disability benefits.* This proof includes an annual cost of living adjustment (COLA) letter (only COLA Form SSA-4926-SM-DI) OR an award letter OR a verification letter. Proof must be dated for the current assessment year. If Social Security disability benefits have changed over to Social Security retirement benefits, another form of proof of disability will be required.

Individuals, who are over 65 need to complete a HEPD 343-A, OR attain an Illinois Person with a Disability Identification Card (see sections 2 and 5 below).

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. Placards are not acceptable.* 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 currently 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.

5. *Completion of the HEPD 343-A Physician’s Statement Form.* The physician must complete an affidavit (Form HEPD-343A), indicating that the taxpayer qualifies for the exemption. **The costs of any required examination shall be the responsibility of the tax-payer.** You may obtain form HEPD-343A by contacting the McHenry County Office of Assessments.

### Can I estimate the amount of my exemption?

Yes. Multiply the \$2000 reduction by the tax rate shown on your most recent property tax bill.

**EXAMPLE:** \$2000 EAV X 7%=\$140 estimated exemption

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

Yes. However, only one disabled homestead exemption per assessment year is allowed. You may change the type of disabled exemption, if you qualify for a different exemption with the proper application and proof of disability.

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

The forms are available on the County Website:

[www.mchenrycountyil.gov](http://www.mchenrycountyil.gov)

### When and where must the HEPD-343 form be filed?

The HEPD application and renewals should be received by the County Office of Assessments by July 1<sup>st</sup> each assessment year.

**Send your completed HEPD-343 Form to:**

**McHenry County Office of Assessments**  
**2200 N Seminary Ave**  
**(Admin Bldg Rm 106)**  
**Woodstock IL 60098-2600**

If you have any questions please call: **(815) 334-4290**