

Instructions for the Standard Homestead Exemption for Veterans with Disabilities (SHEVD) MCHENRY COUNTY ASSESSMENT OFFICE

2200 N SEMINARY AVE Admin Bldg Rm 106 WOODSTOCK, IL 60098-2600 Voice: (815) 334-4290 • Fax: (815) 334-4939

Website: www.mchenrycountyil.gov

Instructions

- A. Taxpayer eligibility. To qualify for this exemption, the taxpayer must meet the following requirements:
 - Be an Illinois resident who has served as a member of the U.S. Armed Forces on active duty or state active duty, Illinois National Guard, or U.S. Reserve Forces, and has an honorable discharge.
 - Have at least a 30% service-connected disability (not including unemployability) certified by the U.S. Department of Veterans Affairs.

B. Property eligibility. To be eligible for the exemption:

- The eligible veteran taxpayer must be the owner of record and occupy the house as a primary residence during all or a portion of the assessment year. First time owners may receive a prorated exemption value.
- The property must have a total equalized assessed valuation (EAV) of less than \$250,000 for the primary residence, excluding the EAV of property used for commercial purposes or rented for more than 6 months.
- If you previously received this exemption and now reside in a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans Affairs, you are still eligible to receive the SHEVD provided your property is occupied by your spouse, or remains unoccupied during the assessment year.

C. Surviving Spouse.

- An un-remarried surviving spouse of a disabled veteran may continue to receive the SHEVD on his or her spouse's homestead property or transfer the SHEVD to a new primary residence, provided that the SHEVD had previously been granted to the veteran. Contact the McHenry County Assessment Office for more information.
- Beginning in the tax year 2015, an un-remarried surviving spouse of a veteran killed in the line of duty is eligible for the SHEVD on his/her primary residence, even if the veteran did not previously qualify or obtain the SHEVD. The surviving spouse can transfer the SHEVD to another primary residence after the veteran's original primary residence is sold. An un-remarried surviving spouse must occupy and hold legal or beneficial title to the primary residence in the assessment year. Contact the McHenry County Assessment Office for more information.

D. Ap plication.

- State law requires that an application must be made each year the taxpayer remains eligible and should be filed with the McHenry County Assessment Office by the owner of record.
- To request a verification letter that specifies your percentage of "service-connected disability rating" and effective date, call the U.S. Department of Veterans Affairs at 1 800 827-1000 or, go online to your Veterans E-benefit account at "<u>ebenefits.va.gov</u>" Any other rating is not valid. Unemployability can no longer be included in the overall or combined rating.

E. Restrictions.

• A taxpayer that claims an exemption under 35 ILCS 200/15-165 (Veterans with Disabilities Homestead Exemption) or 35 ILCS 200/15-168 (Homestead Exemption for Persons with Disabilities) may not claim this exemption.

F. Exemption Amount.

• Tax code 35 ILCS 200/15-169 permits an exemption for Veterans based on the Veterans service-connected disability percentage. If the veteran is rated at 30% or more but less than 50%, then the annual exemption is \$2,500 off the EAV; if the veteran is rated at 50% or more but less than 70%, then the annual exemption is \$5,000 off the EAV; and if the veteran is rated at 70% or more, then residential property can be exempt from taxation under this Code. Contact the County Office of Assessments about limitations and restrictions.



Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD) 20____ MCHENRY COUNTY ASSESSMENT OFFICE

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Document submissions can be sent either:

By U.S. Mail **OR** By email: assessments@mchenrycountyil.gov **OR** You may bring the application in person to the county office.

PLEASE SUBMIT BEFORE JULY 1, 2022

Section 1: Property Identification and Owner Info	ormation
Taxpayer Name(s):	Parcel No. (PIN)
Property Address:	If mailing address is different please provide below
City, State, ZIP:	Address:
Daytime Phone:	City, State, ZIP:
Email:	I have owned and occupied this property since: / /
Do you own other real estate anywhere in the Unit Ves; the address of the real estate	is:
\square No; this is the only property I/we	copy of the most recent property tax bill for each property. own.
On January 1st, were you a resident of a facility lid Veterans Affairs?	censed under the Nursing Home Care Act or operated by the U.S. Department of lity is:
Section 2: Application Status (Select one)	
 A state ID card, driver's license OR a vote 	hereby supply: form 214 g the service connected percentage rating and effective date for the cannot be included in the overall or combined rating r's registration card to verify my principal residential address. OR
☐ I have qualified for the Standard Homestead E prior year. In support of this initial applicatio	xemption for Veterans' with Disabilities (SHEVD) on this property in a on, I hereby supply:
current assessment year. Unemployability	g the service connected percentage rating and effective date for the cannot be included in the overall or combined rating r's registration card to verify my principal residential address.
We may require addition:	al information for some applications.
Section 3: Oath	
I attest I am an Illinois resident. I own the above p homestead exemptions. I am liable for any payme	property and it is my principal residence. This is the only property I own with ent of taxes. I have served in the U. S. Armed Forces, the Illinois National Guard, e discharge. I state to the best of my knowledge, the information on this
Applicant's Signature	Date

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Official use. Do not write in this space.		NEW	RENEW	
Documentation:	VA Cert LetterDD-214	Percentage of disability	DKT	
	ication: \Box ID \Box DL	□ VRC	AV under \$250,000?	□ Yes □ No
Approved:	YES NO; Reason for denial		By Date	✔ By