

# 2024 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

## Part 1: Applicant information

1			
	FIRST NAME	MI	LAST NAME
2			
	MAILING ADDRESS		
	CITY	STATE	ZIP

**3.** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE OF BIRTH

**4.** (\_\_\_\_\_) - \_\_\_\_\_  
AREA CODE & PHONE NUMBER

**5.** \_\_\_\_\_  
EMAIL ADDRESS

1 Street address of property which this exemption application is filed			Township
City	State	Zip	Knox County

**2 PIN:**      -      -      -

3 Have you or your spouse received this exemption for this property previously?            Yes            No

4 If your spouse maintains a separate residence, have they applied for this exemption?            Yes            No

**REQUIRED DOCUMENTS: IF YOU FILE – COPY OF 2023 FEDERAL TAX RETURN, IF YOU DO NOT FILE COPIES OF 1099 FORMS FOR ALL HOUSEHOLD INCOME FOR 2023.  
(Examples: Social Security, Disability, Pension, Interest & Dividends, Annuities, etc.)**

<b>1</b>	Social Security and SSI benefits. Include Medicare deductions in this total.	<b>1</b>	_____
<b>2</b>	Railroad Retirement benefits. Include Medicare deductions in this total.	<b>2</b>	_____
<b>3</b>	Civil Service benefits	<b>3</b>	_____
<b>4</b>	Annuities, federally taxable pensions and retirement plan distributions.	<b>4</b>	_____
<b>5</b>	Human Services and other governmental cash public assistance benefits	<b>5</b>	_____
<b>6</b>	Wages, salaries, and tips from work	<b>6</b>	_____
<b>7</b>	Interest and dividends received	<b>7</b>	_____
<b>8</b>	Net rental, farm, and business income or (loss). (see instructions for Line 8.)	<b>8</b>	_____
<b>9</b>	Net capital gain or (loss). (See instructions for Line 9.)	<b>9</b>	_____
<b>10</b>	Other income or (loss). (See instructions for Line 10.)	<b>10</b>	_____
<b>11</b>	Add Lines 1 through 10.	<b>11</b>	_____
<b>12</b>	Certain subtractions. You may subtract only the reported adjustments to income from U.S 1040, Schedule 1, Line 26.		

	Subtraction item	Amount
12a		
12b		

Add the amounts on lines 12a and 12b, and write the results. **12** \_\_\_\_\_

**13** Subtract Line 12 from Line 11, and write the result. This is your total household income for 2023. If the amount is greater than \$65,000 **STOP**. You don't qualify for this exemption. **13**

Date received	_____
Application number	_____
Base year	_____
Revised base year	_____
Approved	Yes      No

Income verified \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Base year EAV \_\_\_\_\_  
 Revised base year EAV \_\_\_\_\_  
 EAV of added improvements \_\_\_\_\_  
 Base Amount \_\_\_\_\_

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

On January 1, 2024, the property identified in Part 2, Line 1, was improved with a permanent structure

a \_\_\_ that I used as my principal residence.

b \_\_\_ for which I received this exemption previously and is either unoccupied or used as my spouse's principal residence. I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013.

\_\_\_\_\_  
Name of facility

\_\_\_\_\_  
Mailing address

2 (Mark the statement that applies.)

On January 1, 2024, I

a \_\_\_ was the owner of record of the property identified in Part 2, Line 1.

b \_\_\_ had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1.

c \_\_\_ had a leasehold interest in the property identified in Part 2, Line 1, that was used as a single-family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1.

**Note:** If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2023.

4 (Mark the statement that applies.)

a \_\_\_ In 2024, I am, or will be, 65 years of age or older

b \_\_\_ In 2024, my spouse, who died in 2024, would have been 65 years of age or older.

(Complete the following information.)

\_\_\_\_\_  
Deceased spouse's name

\_\_\_\_\_  
Tax ID number

\_\_\_\_\_  
Date of birth (month, day, year)

\_\_\_\_\_  
Date of death (month, day, year)

5 The property identified in Part 2, Line 1, is the only property for which I am applying for a low-income senior citizen assessment freeze homestead exemption for 2024.

6 The amount reported in Part 3, Line 13, of this form includes the income of my spouse and all persons living in my household and the total household income for 2023 is \$65,000 or less.

7 On January 1, 2024, the following individuals also used the property identified in Part 2, Line 1, for their principal residence. My spouse is included if he or she used the property as his or her principal dwelling place on January 1, 2024. The total income of the individuals and my spouse (regardless of his or her principal residence) are included in Part 3. (Attach an additional sheet if necessary.)

First and last name

Tax ID number

a

b

8 (Mark the statement that applies.)

On January 1, 2024, I was

a \_\_\_ single, widow(er), or divorced.    b \_\_\_ married and living together.    c \_\_\_ married, but not living together.

My spouse's name and address is

\_\_\_\_\_  
First name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (Month, Day, Year)

**Note:** The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.

**Mail your completed Form PTAX-340 to: If you have any questions, please call:**

Knox Co. Chief County Assessment Office  
121 S Prairie St, Suite 1  
Galesburg, IL 61401

(309) 345-3845  
Last date to apply September 30, 2024