

2025 Low-Income Senior Citizens Assessment Freeze
Homestead Exemption Application and Affidavit

Last date to apply: September 30, 2025

Part 1: Applicant information

(Please Print answers for 3, 4, 5)

1 [Line]
[Line]
FIRST NAME MI LAST NAME

3. [Line] / [Line]
DATE OF BIRTH

2 [Line]
MAILING ADDRESS

4. ([Line]) [Line] - [Line]
AREA CODE & PHONE NUMBER

CITY STATE [Line] ZIP

EMAIL ADDRESS

Part 2: Property Information

1 [Line]
Street address of property which this exemption application is filed

[Line]
Township

[Line]
City State Zip County

[Line]
Knox

2 PIN: [Line]
property (parcel) index number

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

Part 3: Household income for 2024

REQUIRED DOCUMENTS: IF YOU FILE - COPY OF 2024 FEDERAL TAX RETURN, IF YOU DO NOT FILE COPIES OF 1099 FORMS FOR ALL HOUSEHOLD INCOME FOR 2024.

(Examples: Social Security, Disability, Pension, Interest & Dividends, Annuities, etc.)

You must include the income for you, your spouse, and all individuals who live in your household.

1 Social Security and SSI benefits. Include Medicare deductions in this total. 1 [Line]

2 Railroad Retirement benefits. Include Medicare deductions in this total. 2 [Line]

3 Civil Service benefits 3 [Line]

4 Annuities, federally taxable pensions and retirement plan distributions. 4 [Line]

5 Human Services and other governmental cash public assistance benefits 5 [Line]

6 Wages, salaries, and tips from work 6 [Line]

7 Interest and dividends received 7 [Line]

8 Net rental, farm, and business income or (loss). (see instructions for Line 8.) 8 [Line]

9 Net capital gain or (loss). (See instructions for Line 9.) 9 [Line]

10 Other income or (loss). (See instructions for Line 10.) 10 [Line]

11 Add Lines 1 through 10. 11 [Line]

12 Certain subtractions. You may subtract only the reported adjustments to income from U.S 1040, Schedule 1, Line 26.

Table with 2 columns: Subtraction item, Amount. Rows 12a, 12b.

Add the amounts on lines 12a and 12b, and write the results. 12 [Line]

13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2024. If the amount is greater than \$65,000 STOP. You don't qualify for this exemption. 13 [Line]

Do not write in this space.

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, 2025, 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, 2025, 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, 2024.

4 (Mark the statement that applies.)

a ___ In 2025, I am, or will be, 65 years of age or older

b ___ In 2025, my spouse, who died in 2025, would have been 65 years of age or older.
(Complete the following information.)

Deceased spouse's name

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 2025.

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 2024 is \$65,000 or less.

7 On January 1, 2025, 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, 2025. 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

Additional Names

a _____

c _____

b _____

d _____

8 (Mark the statement that applies.)

On January 1, 2025, 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

(309) 345-3845

121 S Prairie St, Suite 1

Last date to apply September 30, 2025

Galesburg, IL 61401