PTAX-340 2026 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Last date to apply: July 1, 2026

Part 1: Applicant information (Please type or print.)

1 _____
First name MI Last name

2 _____
Mailing address

_____
City State ZIP

3 ___/___/_____
Date of birth (month, day, year)

4 (_____) _____-_____
Area code and phone number

5 Email address _____

Part 2: Property information

1 **PIN:** _____
Property (parcel) index number (PIN)

2 _____
Street address of property for which this exemption application is filed Township

_____ **IL** _____ **MCHENRY COUNTY**
City ZIP County

Note: The PIN is shown on your property tax bill. You also may obtain it from your chief county assessment officer (**CCAO**). If you cannot obtain the PIN, attach a copy of the legal description.

3 Have you or your spouse received this exemption for this property previously? ____Yes ____No

4 If your spouse maintains a separate residence, has he or she applied for this exemption? ____Yes ____No

Part 3: Household income for 2025 – Please include copy of pgs. 1, 2 & Schedule 1 (if you file one) of your 2025 Federal IRS Form 1040 for you, and all other individuals living in your home. If you are not required to file a tax return, include a copy of your SSA-1099 & all other 1099 income forms for all the people living in your home.

1	Total Gross Social Security and SSI benefits. Include Medicare deductions in this total.	1 _____
2	Railroad Retirement benefits. Include Medicare deductions in this total.	2 _____
3	Civil Service benefits	3 _____
4	Annuities, federally taxable pensions and retirement plan distributions.	4 _____
5	Human Services and other governmental cash public assistance benefits	5 _____
6	Wages, salaries, and tips from work	6 _____
7	Interest and dividends received	7 _____
8	Net rental, farm, and business income or (loss). *(See instructions for Line 8.)*	8 _____
9	Net capital gain or (loss). *(See instructions for Line 9.)*	9 _____
10	Other income or (loss). *(See instructions for Line 10.)*	10 _____
11	Add Lines 1 through 10.	11 _____
12	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 result. 12 _____

13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2025. If the amount is greater than $75,000, **STOP**. You do not qualify for this exemption. 13 _____

Do not write in this space

Base year ___ ___ ___ ___

Revised base year ___ ___ ___ ___

HES applied for ___ Yes

Income verified ___ Yes ___ No ___ SSA 1099 ___ 1040 Other ____

New _____

Deny _____

Renew _____

Base year EAV $ _____

Revised base year EAV $ _____

Docket Number _____

Final checked by _____

Part 4: Affidavit

Sworn under oath, I state the following:

1 *(Mark the statement that applies.)*

On January 1, 2026, the property identified in Part 2, Line 1, is improved with a permanent structure (house).

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, 2026, 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, 2025.

4 *(Mark the statement that applies.)*

a____ In 2026, I am, or will be, 65 years of age or older.

b____ In 2026, my spouse, who died in 2026, would have been 65 years of age or older.*(Complete the following information.)*

_____ Deceased spouse's name

_____/_____/_____ 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 citizens assessment freeze homestead exemption for 2026.

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 2025 is $75,000 or less.

7 Please list the names of all individuals that used this property as their principal residence on January 1, 2026. This includes my spouse. The total income of all individuals and my spouse are included in Part 3. *(Attach an additional sheet if necessary.)*

	First and last name	**Relationship to applicant**
a		
b		

8 *(Mark the statement that applies.)*

On January 1, 2026, I was

a____ single, widow(er), or divorced. **b**____ married and living together. **c**____ married, but not living together.

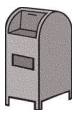
Spouses address. **IF DIFFERENT:** _____
First name MI Last name

_____
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**

_____/_____/_____
Month Day Year



Mail your completed Form PTAX-340 to:
MCHENRY COUNTY ASSESSMENT OFFICE
2200 N SEMINARY AVE
WOODSTOCK IL 60098

LOCATION: ADMIN BLDG. 667 WARE RD, RM 106

If you have any questions, please call:
(815) 334 – 4290
Last date to apply 07 / 01 / 2026

Email: assessments@mchenrycountyil.gov

For PTAX-340 General Information

What is the Low-Income Senior Citizens Assessment Freeze Homestead Exemption?

The Low-Income Senior Citizens Assessment Freeze Homestead Exemption (35 ILCS 200/15-172) allows you, as a qualified senior citizen, to have your home's equalized assessed value (EAV) "frozen" at a base year value and prevent or limit any increase due to inflation. The base year generally is the year prior to the year you first qualify and apply for the exemption. For example, if you first qualify and apply in 2026, your property's EAV will be "frozen" at the 2025 EAV.

The amount of the exemption is the difference between your base year EAV and your current year EAV. Freezing your property's EAV does not mean that your property taxes will not increase. However, other factors also affect your tax bill. For example, your tax bill could increase if the tax rate, which is based on the amount of revenues taxing districts request, increases. Your EAV and tax bill may also increase if you add improvements to your home. However, if your home's EAV decreases in the future, you will benefit from any reduction.

Who is eligible?

The low-income senior citizens assessment freeze homestead exemption qualifications for the 2026 tax year (for the property taxes you will pay in 2027), are listed below:

- You will be 65 or older during 2026.
- Your total household income in 2025 was $75,000 or less.
- On January 1, 2025, **and** January 1, 2026, you
  - used the property as your principal place of residence,
  - owned the property, or had a legal or equitable interest in the property as evidenced by a writtten instrument, or had a leasehold interest in the property used as a single-family residence, and
  - were liable for the payment of property taxes.

You do **not** qualify for this exemption if your property is assessed under the mobile home privilege tax.

Surviving spouse - Even if you are not 65 or older during 2026, you are eligible for this exemption for 2026 (and possibly 2025) if your spouse died in 2026 and would have met all of the qualifications.

Residents in a health facility - Even if you did not use the property as your principal place of residence on January 1, 2026, you qualify for this exemption if you are 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 Ca re Act, or Specialized Mental Health Rehabilitation Act of 2013 and you meet all other requirements, have received this exemption previously, **and** your property is either unoccupied or is occupied by your spouse.

Residents of cooperatives - If you are a resident of a cooperative apartment building or cooperative life-care facility, you qualify for this exemption if you are liable for the payment of the property taxes on your residence and meet the other eligibility requirements.

What is a household?

A household includes you, your spouse, and all other persons who used your residence as a principal dwelling place on January 1, 2026.

What is included in household income?

Household income includes your income, your spouse's income, and the income of **all** individuals living in the household. Examples of income that must be included in your household income are listed below. (For specific questions, see Part 3 on Page 4.)

- alimony or maintenance received
- annuities and other pensions
- Black Lung benefits
- business income
- capital gains
- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance
- cash winnings from such sources as raffles and lotteries
- Civil Service benefits
- damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- dividends
- farm income
- Illinois Income Tax refund (only if you received Form 1099-G)
- interest
- interest received on life insurance policies
- long term care insurance (federally taxable portion only)
- lump sum Social Security payments
- miscellaneous income, such as from rummage sales, recycling aluminum, or baby sitting
- military retirement pay based on age or length of service
- monthly insurance benefits
- pension and IRA benefits (federally taxable portion only)
- Railroad Retirement benefits (including Medicare deductions)
- rental income
- Social Security income (including Medicare deductions)
- Supplemental Security Income (SSI) benefits
- all unemployment compensation
- wages, salaries, and tips from work
- Workers' Compensation Act income
- Workers' Occupational Diseases Act income

What is not included in household income?

Some examples of income that are not included in household income are listed below. (For specific income questions, see Part 3 on Page 4.)

- cash gifts
- child support payments
- COBRA subsidy payments
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments
- federal income tax refunds
- IRA's "rolled over" into other retirement accounts, unless "rolled over" into a Roth IRA
- lump sums from inheritances
- lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from Foster Parent and Foster Grandparent programs
- Veterans' benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2025.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

File Form PTAX-340 with the CCAO by the due date printed on the bottom of Page 2. You must file Form PTAX-340 **every year** and meet the qualifications for that year to continue to receive the exemption.

Note: The CCAO may require additional documentation (i.e., birth certificates, tax returns) to verify the information in this application.

What if I need additional assistance?

If you have questions about this form, please contact your CCAO, also known as the supervisor of assessments, or county assessor, at the address and phone number printed at the bottom of Page 2.

Form PTAX-340 Step-by-Step Instructions

Part 1: Applicant information

Lines 1 through 5 – Type or print the requested information.

Part 2: Property information

Lines 1 and 2 – Identify the property for which this application is filed.
Lines 3 and 4 – Answer the questions by marking an "X" next to your statement.

Part 3: Household income for 2025

"**Income**" for this exemption means 2025 federal adjusted gross income, **plus** certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from a governmental agency, SSI, and certain taxes paid. These Step-by-Step Instructions provide federal return line references and reporting statement references, whenever possible.

The amounts written on each line must include the 2025 income for you, your spouse, and **all** the other individuals living in the household.

As an alternative income valuation, a homeowner who is enrolled in any of the following programs may be presumed to have household income that does not exceed the maximum income limitation for that tax year: Aid to the Aged, Blind or Disabled (AABD) Program or the Supplemental Nutrition Assistance Program (SNAP), both of which are administered by the Department of Human Services; the Low Income Home Energy Assistance Program (LIHEAP), which is administered by the Department of Commerce and Economic Opportunity; The Benefit Access Program, which is administered by the Department on Aging; and the Senior Citizens Real Estate Tax Deferral Program.

Line 1 – Social Security and Supplemental Security Income (SSI) benefits

Write the total amount of retirement, disability, or survivor's benefits (including Medicare deductions) the entire household received from the Social Security Administration (shown on Form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits). You also must include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses.

Note: The amount deducted for Medicare is already included in the amount in box 3 of Form SSA-1099.

Line 2 – Railroad Retirement benefits

Write the total amount of retirement, disability, or survivor's benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3 – Civil Service benefits

Write the total amount of retirement, disability, or survivor's benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4 – Annuities and other retirement income

Write the total amount of income the entire household received as an annuity from any annuity, endowment, life insurance contract, or similar contract or agreement (shown on Form 1099-R). Include only the federally taxable portion of pensions, IRAs, and IRAs converted to Roth IRAs (shown on U.S. 1040, Line 4b). IRAs are not taxable when "rolled over," unless "rolled over" into a Roth IRA.

Line 5 – Human Services and other governmental cash public assistance benefits

Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the first two digits of any member's Human Services case number are the same as any of those in the following list, you must include the total amount of any of these benefits on Line 5.

01 aged
02 blind
03 disabled
04 and 06 temporary assistance to needy families (**TANF)**
07 general assistance

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period.

Food stamps and medical assistance benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6 – Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips from work for every household member (shown in box 1 of Form W-2).

Line 7 – Interest and dividends received

Write the total amount of interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8 – Net rental, farm, and business income or (loss)

Write the total amount of net income or loss from rental, farm, business sources, *etc.*, the entire household received, as allowed on U.S. 1040, Schedule 1, Lines 3, 5, and 6. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 9 – Net capital gain or (loss)

Write the total amount of taxable capital gain or loss the entire household received in 2025, as allowed on U.S.1040, Line 7 and U.S.1040, Schedule 1, Line 4. You **cannot** use a net capital loss carryover in figuring income.

Line 10 – Other income or (loss)

Write the total amount of other income or loss not included in Lines 1 through 9, that is included in federal adjusted gross income, such as alimony received, unemployment compensation, taxes withheld from oil or gas well royalties. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 11 – Add Lines 1 through 10.

Line 12 – Subtractions

You may subtract only the reported adjustments to income totaled on U.S. 1040, Schedule 1, Line 26. For example:

- IRA deduction
- Archer MSA deduction
- student loan interest deduction
- jury duty pay you gave to your employer
- penalty on early withdrawal of savings
- self-employed SEP, SIMPLE, and qualified plans
- alimony or maintenance paid
- educator expenses
- deductible part of self-employment tax
- self-employed health insurance deduction
- health savings account deduction
- moving expenses for members of the Armed Forces

Line 13 – Total household income

Subtract Line 12 from Line 11. If this amount is greater than $75,000, **you do not qualify for this exemption.** See Page 3.

Part 4: Affidavit

Lines 1 through 4 – Mark the item that applies. Read the affidavit carefully. The statements **must** apply.

Line 7 – Write the names of the individuals, other than yourself, who used the property for their principal residence on January 1, 2026. Attach an additional sheet if necessary.

Line 8 – Follow the instructions on the form. If your spouse does not reside at this property, be sure to write his or her name and address.

Note: You must sign your Form PTAX-340 before you file it with your CCAO. Return your completed Form PTAX-340 and proof of income to your CCAO's office or mail it to the address printed on the bottom of Page 2.