



Supervisor of Assessments
115 E. Washington St. STE 101
P.O. Box 2400
Bloomington, Illinois 61702-2400
Phone (309) 888-5130
E-mail assessor@mcleancountyil.gov

January 20, 2022

**** Letter has updates to its contents. ****
Parcel/PIN: 14-24-230-019

Sharma, Vijay
1231 Blue Bill Way
Normal, IL 61761-9400

RE: 2022 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Please find enclosed the 2022 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit. This form has been sent to you because you have a Senior Citizens Homestead Exemption listed on your property tax bill. If you wish to receive the Senior Citizens Assessment Freeze for the 2022 tax year, you must complete this form and return it to the address

This exemption allows senior citizens who have a maximum household income of less than \$65,000 in 2021, and who meet certain other qualifications to be taxed based on their frozen base year assessed value to prevent any increase due to inflation. The household income requirement includes income received by the property owner and spouse, and all other persons who used the residence as a principal dwelling place on January 1, 2022. The amount of the exemption benefit is determined each year based on the property's current value minus the frozen base year value.

**** A copy of your 2021 federal tax return, 1040 page 1 and Schedule 1 (if you had one), is required in order to obtain the 2022 Senior Citizens Assessment Freeze Homestead Exemption. Please attach a copy of your tax return to your application. If you did not file a tax return in 2021, you must include proof of your income (1099s, W2s, etc.). ****

The application no longer requires notarization. The completed application with the required supporting documents may be returned to our office by email, mail, or in person at our office.

**** You may also fill out the form online: https://mcleanil.seamlessdocs.com/f/ptax340_2022 ****

We are unable to complete the application and affidavit for you. If you require assistance, we suggest you have a family member, tax preparer, or attorney complete the form. You may also contact Community Care Systems for assistance. Their telephone number is (309) 661-6400 and their office is located at 3601 GE Road, Suite 2 in Bloomington. You may contact our office if you have any questions about this exemption or the qualification requirements in person, or by calling or emailing.

Sincerely,
Robert T Kahman, CIAO-I, AAS
Supervisor of Assessments

PTAX-340 2022 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

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

1 _____ First name MI Last name	3 _____ Social Security number
2 _____ Mailing address _____ City State ZIP	4 ____/____/____ Date of birth (month, day, year)
	5 (____) - _____ Area code and phone number Email address

Part 2: Property information

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

_____ **IL** _____
 City ZIP County

2 _____
 Property (parcel) index number (PIN)
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
If you answered "Yes", write the base year, if known. _____

4 If your spouse maintains a separate residence, has he or she applied for this exemption? _____ Yes _____ No

Part 3: Household income for 2021

MUST INCLUDE PROOF OF INCOME

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

1 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.		
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 2021. If the amount is greater than \$65,000, STOP . You do not qualify for this exemption.	13	_____ _____

Do not write in this space.

Date received _____	Income verified _____ Yes _____ No
Application number _____	Base year EAV \$ _____
Base year _____	Revised base year EAV \$ _____
Revised base year _____	EAV of added improvements \$ _____
Approved _____ Yes _____ No	Base amount \$ _____

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

On January 1, 2022, the property identified in Part 2, Line 1, was a single family residence

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, 2022, 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, 2021.

4 (Mark the statement that applies.)

a In 2022, I am, or will be, 65 years of age or older.

b In 2022, my spouse, who died in 2022, 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 senior citizens assessment freeze homestead exemption for 2022.

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 2021 is \$65,000 or less.

7 On January 1, 2022, 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, 2022. The total income of all 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, 2022, 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:

McLean Co. Chief County Assessment Officer

(309) 888 — 5130

115 E Washington St PO Box 2400

Mailing address

Bloomington

IL 61702

City

ZIP

To email questions or completed Form, please email:
assessor@mcleancountyil.gov

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PTAX-340 (R-12/21)