LOW-INCOME SENIOR CITIZENS ASSESSMENT FREEZE HOMESTEAD EXEMPTION PTAX-340 FOR 2026

Jo Daviess County Assessment Office

330 N Bench St, Ste 1B
Galena IL 61036
P 815.777.1016/F 815.777.9422
Email: assessor@jodaviesscountyil.gov
Website: www.jodaviesscountyil.gov

Please **file this form after you complete your 2025 Federal income tax return for the 2026 assessment year**; payable in 2027.
Application Deadline is July 1, 2026.

To qualify for the Senior Freeze for 2026, you must have:

- Owned and occupied the property since January 1, 2025
- Be 65 or older by December 31, 2026; and
- Have a total household income (as defined below) no greater than $75,000 in 2025

CHECKLIST BEFORE FILING

❶ Did you fill out the original form completely, including part 3?
❷ Did you include ALL income for:
  - ✓ **The applicant**
  - ✓ **The applicant's spouse**
  - ✓ **Everyone else who lived in the home on January 1, 2026?**

❸ Did you attach copies of the **entire 2025 Federal tax returns for the applicant, applicant's spouse, and everyone who lived in the home** on January 1, 2025?
❹ If any of the above was not required to file a 2025 Federal tax return, **did you attach copies of the SSA-1099 and all 1099 forms** for annuities, 401(k)s, other pensions, interest income, rental income, life insurance dividends, etc.?
❺ **INCOMPLETE APPLICATIONS (INCLUDING APPLICATIONS MISSING INCOME DOCUMENTATION) CAN NOT & WILL NOT BE APPROVED FOR THE EXEMPTION.**
❻ **All applications are subject to audit (35 ILCS 200/15-172).**
❼ **A taxpayer's signing a fraudulent application under this Act is perjury, as defined in Section 32-2 of the Criminal Code of 2012.**

Assistance in filling out these forms is available at the County Assessment Office.
The location and phone number are listed above.

The Tax Deferral Program is available for seniors. Contact the Jo Daviess County Treasurer's Office directly at 815.777.0355 or countytreasurer@jodaviesscountyil.gov for more information on this program.

JO DAVIESS COUNTY ASSESSMENT OFFICE

2026 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application & Affidavit (PTAX-340)

PART 1-A: Complete the following information (please type or print)

Last Name of Applicant | First Name | MI | Applicants Date of Birth (Month/Date/Year) ___/___/___

Mailing Address

City | State | Zip | Applicant's Telephone ( )

Part 1-B

Property Address

City | State | Zip

___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___

Parcel Number - located on the 1st PAGE OF THIS PACKET, your most recent tax bill, assessment notice, or by calling the County Assessment Office at 815.777.1016.

Part 1-C

Name of Spouse | Address of Spouse | Date of Birth of Spouse

Part 1-D On January 1, 2026, in addition to myself (and spouse, if applicable), the following individuals used the property listed for their principal residence. The income of all individuals listed below must be included in Part 2. Attached an additional sheet if necessary.

	First and Last Name	Relations to the applicant	Date of Birth
1D – 1			
1D – 2			
1D – 3			

Part 2: ALL Household income for 2025

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.) (Schedule 1)*	**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** $ 0.00 |____

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** $ 0.00 \|____

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** 0 \|____

OVER

Part 3: Complete the Affidavit (MUST answer all questions and check all that apply).

Sworn under oath, I state the following:

1 *(Mark the statement that applies.)*

On January 1, 2025, and January 1, 2026 (both must apply) the property identified in Part 1-B, is a permanent structure that was:

☐ Used as my principal residence, **or**

☐ 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 Licensed Facility _____ Mailing Address _____ Date entered facility _____

2 On January 1, 2025, and January 1, 2026 (both must apply) the property identified in Part 1-B:

☐ I was the owner of record of the property identified as evidence by a deed; **or**

☐ I had a legal or equitable interest in the property by a written instrument *(attach copy);* **or**

☐ I had a leasehold interest in the property, that was used as a single-family residence *(attach copy).*

3 In 2026, either:

☐ I am or will be 65 years of age or older, **or**

☐ My spouse, who died in 2026, would have been 65 years of age or older. (Complete the below information if spouse passed in 2025.)

_____ / _____ / _____

The name of my deceased spouse was — Date of Death of my deceased spouse (month/date/year)

4 Do you own any other real estate anywhere in the United States?

☐ Yes; the address of the real estate is: _____

If yes, you **MUST** provide a copy of the most recent property tax bill for each property.

☐ No, this is the only property I/we own.

5 UNDER PENALTIES OF PERJURY, I swear (or affirm that):

- ✓ That income shown in Part 2, line 13 includes ALL income of myself, my spouse/partner (whether residing on this property or not), and all other persons using this property as a residence as of January 1, 2026.
- ✓ I have attached ALL required documentation:
  - If I, my spouse, or any member of my household is required to file a 2025 federal income tax return, a copy of the entire return(s) including all schedules is attached to this application;
  - If I, my spouse, or any member of my household is NOT required to file a 2025 federal income tax return, I have attached a copy of form SSA-1099 and all 1099 forms for annuities, 401Ks, other pensions, interest income, rental income, life insurance dividends, and all other income sources;
- ✓ To the best of my knowledge, the information contained in the affidavit is true, correct, and complete;
- ✓ **If I received this exemption based on underreported income, I am subject to the repayment of all benefits received plus penalties and interest**; and
- ✓ The Jo Daviess County Chief County Assessment Office may conduct an audit to verify that I am eligible to receive this exemption.

Signature of applicant is **REQUIRED**	Date (month/date/year)

DO NOT WRITE IN SPACE BELOW

INCOME VERIFIED YES ☐ NO ☐ INITIALS ☐

DATE RECEIVED _____

APPLICATION NUMBER _____

BASE YEAR _____ BASE YEAR EAV (LESS FARM VALUE) $ _____

REVISED BASE YEAR _____ **REVISED BASE YEAR EAV (LESS FARM VLAUE)** $ _____

Board of Review

Approved ☐ EXPIRED HIE $ _____

Denied ☐ **TOTAL EAV (LESS FARM VALUE)** $ _____

General Information & Frequently Asked Questions

What is the Senior Citizens Assessment Freeze Homestead Exemption (SCAFHE)?

The Senior Citizen 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 is generally the year before 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**. Other factors also affect your tax bill. For example, your tax bill could increase if the tax rate increases, which is based on the amount of revenues taxing districts request. 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?

To qualify or to renew this exemption, one of the owners of the property **must**:

- Must be 65 years old no later than December 31, 2026;
- Have a total household income of $75,000 or less in 2025
- On **January 1, 2025, and January 1, 2026**, you
  - ✓ used the property as your principal place of residence,
  - ✓ Own the property, or have a legal or equitable interest in the property as evidenced by a written instrument, or had a leasehold interest in the property used as a single-family residence, (if the ownership is via life estate, the instrument that grants the life estate must be recorded with the Jo Daviess County Recorder); and
  - ✓ Were liable for the payment of property taxes.

SPECIAL CIRCUMSTANCES:

- *If your property is assessed under the mobile home privilege tax,* you DO NOT qualify for this exemption.
- **Surviving spouse** —If your spouse died in 2026 and would have qualified for the exemption in 2026, and you meet all the requirements except for the age requirement, you are eligible for this exemption in 2026.
- **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 Care 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 the spouse of the qualifying taxpayer only.
- **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 use the residence of the applicant as their principal dwelling place on January 1, 2026, whether they pay rent or not.

What is included in household income?

Household income includes your income, your spouse's income, and the income of **all** persons 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 2.)

- Alimony or maintenance received
- Annuity benefits and other pensions
- Black Lung benefits
- Business income, including capital gains (see the specific instructions on page 3 for lines 8, 9 and 10)
- 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, including 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, babysitting, etc.
- 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 2.)

- 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?

If you are eligible for the Senior Citizen Assessment Freeze Homestead Exemption, you should file this form with the County Assessment office by **July 1, 2026.** You must file an application **every year** to continue to receive this exemption. The eligibility requirements listed under "Who is eligible?" **must** be met each year.

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 the Jo Daviess County Assessment Office at 815.777.1016.

Step-by-Step Instructions for Complete this Form

Part 1: Complete the following information

1A thru 1C: Applicant/Property information

Type or print the requested information.

Part 1-D

Type or write the names, relationship to the applicant and date of birth for **all other individuals, including your spouse**, who used the property for their principal residence on January 1, 2026. Attached an additional sheet if necessary.

Part 2: 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.

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, and 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
- Alimony or maintenance paid
- Health savings account deduction
- Student loan interest deduction
- Jury duty pay you gave to your employer
- Deductible part of self-employment tax
- Self-employed health insurance deduction
- Self-employed SEP, SIMPLE, and qualified plans
- Penalty on early withdrawal of savings
- Educator expenses
- Moving expenses 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.**

Part 3: Complete this Affidavit

Lines 1 through 5 — Read the affidavit carefully. Check any statements that pertain to you; all statements **must** be marked.

Note: You **MUST sign your original application**. When complete, you may drop off in person or you may mail your completed form and accompanying tax returns(s) and all schedules to:

JO DAVIESS COUNTY ASSESSMENT OFFICE
330 N BENCH ST, STE 1B
GALENA, IL 61036