Rock Island County
Supervisor of Assessments
1504 Third Avenue
Rock Island, Illinois 61201
Phone (309) 558-3660

PIN #:

Dear Senior Taxpayer,

Enclosed is your 2026 application for the Low Income Senior Citizen Assessment Freeze Homestead Exemption. Please take this opportunity to file this form for the 2026 (taxes payable 2027) assessment year. **Remember that "HOUSEHOLD INCOME" includes you, your spouse, and all other persons who used your residence as a principal dwelling place on January 1, 2026.**

Please note:

- **Please bring in your proof of income for verification.**

- To qualify for the Senior Freeze, at least one of the owners of your household must be 65 or older by December 31, 2026 AND you have "household income" not greater than $75,000 in 2025.

- If your 2025 income is greater than $75,000, you may disregard this form. If your income in a subsequent year meets the income requirements, you may apply at that time.

Both your county assessment office and the local township office are happy to assist you with this application. If you would like assistance, please bring your IRS Federal Tax Return for all household members with you when applying for this exemption. If you or another member of the household is not required to file a federal tax return, then you MUST provide a copy of your SSA-1099 and all 1099 forms for annuities, 401Ks, other pensions, interest income, rental income, life insurance dividends, etc.

The county assessment office staff will be available to assist you during our normal business hours (8:00 a.m. - 4:30 p.m., Monday through Friday). Our office information is listed above.

Your township assessment office is also available to assist you. Please contact the township for their office hours.

You may also complete this application on your own, and mail or bring the form in person, at one of the offices as listed above. **If mailing in the form, please provide a copy of your income.**

The deadline for filing this application is July 1, 2026.

Thank you!

Application for Low-Income Senior Citizens Assessment Freeze Homestead Exemption for 2026

Last date to apply: **July 1, 2026**

Part 1: Complete the following information Please type or print

1. _____ Date of Birth ____/____/____
Last Name of Applicant First Name Initial Month Day Year

_____ Telephone (____) _____
Mailing Address

_____ _____
City State Zip Township

2. _____ _____
Property Address PIN Number (located on your tax bill or assessment notice or by calling the assessment office at (309) 558-3660.)

_____ _____
City State Zip Email Address

3. Name of Spouse _____ Address _____ Date of Birth _____

4. 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. Attach an additional sheet if necessary.

	First and Last Name	Relationship to Applicant	Date of Birth
4a			
4b			
4c			

Part 2: Complete the 2025 yearly income information for the entire household:

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 **(household total)**	1. ____/____
2. Railroad Retirement benefits. Include Medicare deductions in this total **(household total)**	2. ____/____
3. Civil Service benefits **(household total)**	3. ____/____
4. Annuities, federally taxable pensions and retirement plan distributions **(household total)**	4. ____/____
5. Human Services and any governmental cash public assistance benefits **(household total)**	5. ____/____
6. Wages, salaries, and tips from work **(household total)**	6. ____/____
7. Interest and Dividends received- both taxable and non-taxable **(household total)**	7. ____/____
8. Net rental, farm, and business income or (loss). See instructions for Line 8 **(household total)**	8. ____/____
9. Net capital gain or (loss). See instructions for Line 9 **(household total)**	9. ____/____
10. Other income or (loss). See instructions for Line 10 **(household total)**	10. ____/____
11. Add Lines 1 through 10.	11. 0/____

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

	Subtraction item	Amount
12a		____/____
12b		____/____

Add the amounts on Lines 12a and 12b and write the result 12. 0/____

13. Subtract Line 12 from Line 11, and write the result. This is your total household income for 2025. If this amount is greater than **$75,000**, you do not qualify for this exemption. 13. 0/____

Do not write in

Income Verified _____ Yes _____ No

Initials _____

Program Income _____ Yes

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

1. On January 1, 2025 **and** January 1, 2026 (both must apply), the property listed in Part 1, Line 1, is a permanent structure that was: *(Mark the statement that applies)*

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

   _____ A residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013,

   Name of Licensed Facility _____

   Address _____ Date entering facility _____

2. On January 1, 2025 **and** January 1, 2026 (both must apply), for the property listed in Part 1, Line 1:

   _____ I was the owner of record for the property as evidenced by a deed; **or**

   _____ I was the owner of record for the property via a recorded life estate (Doc.# _____) **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: *(Mark the statement that applies)*

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

   _____ My spouse, who died in 2026, would have been age 65 or older

   3a. The name of my deceased spouse was _____

   3b. The date of death of my deceased spouse was _____/_____/_____
   Month Day Year

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

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

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

5. By signing this affidavit, I certify that the income shown on Part 2, line 13, includes all income of myself, spouse (whether residing on this property or not), and all other persons using this property as a residence as of January 1, 2026.

Under penalties of perjury, I swear (or affirm) that to the best of my knowledge, the information contained in this affidavit is true, correct, and complete. I understand that the Rock Island County Supervisor of Assessments may conduct an audit to verify that I am eligible to receive this exemption.

X _____ _____ / /

Signature of applicant is **required** Date

X _____

Print Name

Mail your completed form to:
Rock Island County Chief County Assessment Officer
1504 3rd Avenue
Rock Island, IL 61201

Last date to apply: July 1, 2026

If you have any questions, please call:
(309) 558-3660

PLEASE NOTE: You may also qualify for the real estate tax deferral under the Senior Citizens Real Estate Tax Deferral Act (320 ILCS 30-1). For further information on the Senior Citizens Real Estate Tax Deferral, or an application for the tax deferral, contact the ROCK ISLAND COUNTY TREASURER at (309)558-3510, or by writing to: NICK CAMLIN, TREASURER, 1504 THIRD AVENUE, ROCK ISLAND, IL, 61201.

Form PTAX-340 General Information

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

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 before 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. For Cook County only, the amount of the exemption is the difference between your base year EAV and your current year EAV or $2,000, whichever is greater. 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 written 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 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 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 2 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 4 – Type or print the requested information.

Lines 1 through 3- follow the instructions on the form.

Line 4- Write the names, relationship to the applicant and date of birth for **all other individuals, including your spouse**, who used the property as their principal residence on January 1, 2026. Attach 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. 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	**04 and 06** temporary assistance to needy families (**TANF)**
02 blind	
03 disabled	**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
- tuition and fees
- domestic production activities deduction
- 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.**

Part 3: 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 application. Return your completed form to:

Rock Island County Assessment Office
1504 3rd Ave
Rock Island, IL 61201
(309) 558-3660