Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

# PTAX-342 Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD)

## Step 1: Complete the following information

**1** _____
Property owner's name

_____
Street address of homestead property

_____ **IL** _____
City State ZIP

(_____)_____ _____
Daytime phone Email address

**Send notice to** (if different than above)

**2** _____
Name

_____
Mailing address

_____ _____ _____
City State ZIP

(_____)_____ _____
Daytime phone Email address

**3** Enter the assessment year for which you are filing this form. ____ ____ ____ ____
Year

**4** Were you liable for paying the property taxes on this property from either January 1st or from the date of occupancy? ☐ Yes ☐ No

**5** Check your type of residence.
- ☐ Single-family dwelling
- ☐ Duplex
- ☐ Townhouse
- ☐ Condominium
- ☐ Other _____

**6** Enter the property index number (PIN) of the property for which you are requesting the SHEVD. Your PIN is listed on your property tax bill or you may obtain it from the Chief County Assessment Officer (**CCAO**).

**a** PIN _____

**b** Enter the legal description only if you are unable to obtain your PIN. (Attach a separate sheet if needed.)
_____
_____

**7** What date **did you** first occupy this property as your principal residence? ____/____/_____
Month Day Year

**8** Is any portion of the property used for commercial purposes or rented to another person or entity for more than 6 months? ☐ Yes ☐ No

**9** Were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs at any time during this year? ☐ Yes ☐ No
If "**Yes,**" complete Lines a through c.

**a** Enter the name and address of the facility and the dates of residency there for this assessment year .
_____
_____

**b** Was your property occupied by your spouse? ☐ Yes ☐ No

**c** Did your property remain unoccupied? ☐ Yes ☐ No

**10** Have you received this exemption at another address? ☐ Yes ☐ No
If yes, please list the address:

_____
Mailing address

_____ **IL** _____
City State ZIP

**11** Were you a member of the U.S. Armed Forces during World War II? ☐ Yes ☐ No

## Step 2: Complete the disabled veterans' eligibility information

**12** Are you an Illinois resident? ☐ Yes ☐ No

**13** Are you a veteran or the **un-remarried** surviving spouse of a veteran with a disability who served as a member of the U.S. Armed Forces on active duty or state active duty, Illinois National Guard, or U.S. Reserve Forces? ☐ Yes ☐ No

**14** Are you a veteran or the **un-remarried** surviving spouse of a veteran with a service-connected disability as certified by the U.S. Department of Veterans' Affairs? ☐ Yes ☐ No

**Note:** You must provide documentation. See **"Do I need to provide documentation?"** on the back of this form.

## Step 3: Complete the following information

**15a** Are you the surviving spouse of a deceased veteran? ☐ Yes ☐ No

**b** If "**Yes**," were you remarried at the time of occupancy? ☐ Yes ☐ No

**c** Was the veteran killed in the line of duty? ☐ Yes ☐ No

**d** Are you a recipient of dependency and indemnity compensation under federal law? ☐ Yes ☐ No

**e** Enter the veteran's date of death. ____/____/_____
Month Day Year

**16** If you are claiming the SHEVD on this property for the first time, check the type of documentation you are **attaching** as proof that you have a legal or beneficial title to the property.

- ☐ Deed
- ☐ Contract for deed
- ☐ Trust agreement
- ☐ Other written instrument
- ☐ Lease

Specify:_____

**a** Enter the date the written instrument was executed. _____/_____/_____

**b** If the instrument is recorded, complete the information below.
_____
Recorded document number

Date document recorded _____/_____/_____
Month Day Year

## Step 3, continued: Complete the following information

**17** If you are the surviving spouse, are you claiming this exemption on your new primary residence for the first time?

☐ Yes ☐ No

If **"Yes,"** complete Lines a through c.

**a** _____ _____
Name of veteran Date of death

**b** Did you sell your spouse's homestead property that received the SHEVD? ☐ Yes ☐ No

**c** Identify the veteran's homestead property that previously received the SHEVD. You can obtain this information from the property tax bill or CCAO.

_____
Property owner's name

_____
Street address of homestead property

_____ IL _____
City State ZIP

PIN_____

****If needed, attach a legal description of the property.**

## Step 4: Sign below

I state that to the best of my knowledge, the information on this application is true, correct, and complete.

_____ ___ ___/___ ___/___ ___ ___ ___
Property owner's or authorized representative's signature Month Day Year

Reset Print

**Official use. Do not write in this space.**

Date received: ___ ___/___ ___/___ ___ ___ ___

☐ Verify proof of eligibility _____

Exemption amount

☐ $2,500 ☐ $5,000 ☐ Tax exempt $ _____

Is the residential EAV over $250,000? ☐ Yes ☐ No

**Assessment information**

EAV of improvements $_____

EAV of land $_____

Total EAV of improvement/land $_____

EAV commercial/rented property $_____

Total EAV minus commercial/rented EAV $_____

Board of review action date: ___ ___/___ ___/___ ___ ___ ___

☐ Approved
☐ Denied

Reason for denial_____

_____

Comments: _____

_____

_____

**Note:** Only the first $250,000 of EAV can be exempted.

2026

# Form PTAX-342 General Information

### What is the Standard Homestead Exemption for Veterans with Disabilities (SHEVD)?

The SHEVD (35 ILCS 200/15-169) provides an annual reduction in the equalized assessed value (EAV) of a primary residence occupied by a veteran with a disability, or the veteran's qualifying surviving spouse, on January 1 of the assessment year or on a prorated basis during the time of occupancy for the assessment year. The SHEVD amount depends on the percentage of the service-connected disability as certified by the U.S. Department of Veterans' Affairs.

If the veteran has a service-connected disability of 30% or more but less than 50%, then the annual exemption is $2,500; if the veteran has a service-connected disability of 50% or more but less than 70%, then the annual exemption is $5,000; and if the veteran has a service-connected disability of 70% or more, then the first $250,000 of EAV of the residential property is exempt from taxation under this Code.

### Who is eligible?

To qualify for the SHEVD, the veteran must

- be an Illinois resident who served as a member of the U.S. Armed Forces on active duty or state active duty, Illinois National Guard, or U.S. Reserve Forces, have at least a 30 percent service-connected disability certified by the U.S. Department of Veterans' Affairs, and receive disability compensation; **OR**
- have been a member of the U.S. Armed Forces during World War II, regardless of any disability rating or the receipt of disability compensation.

**AND**

- own and occupy the property as the primary residence during all or a portion of the assessment year or lease and occupy a single family residence during all or a portion of the assessment year and be liable for the payment of the property taxes to the county.

**Note:** The first $250,000 of EAV, after subtracting any portion used for commercial purposes, may qualify for the exemption if the appropriate criteria are met. "Commercial purposes" include any portion of the property rented for more than 6 months.

If you previously received the SHEVD and now reside in a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veterans' Affairs, you are still eligible to receive the SHEVD provided your property is occupied by your spouse; or remains unoccupied during the assessment year.

### Is a surviving spouse eligible?

An **un-remarried** surviving spouse of a veteran:

- can continue to receive the SHEVD on the veteran's primary residence, provided the SHEVD had previously been granted to the veteran. The surviving spouse can transfer the SHEVD to another primary residence after the veteran's original primary residence is sold.
- is eligible for the SHEVD on his/her primary residence if the veteran was killed in the line of duty, even if the veteran did not previously qualify or obtain the SHEVD.
- may also qualify for the SHEVD if the veteran did not obtain the SHEVD before death but would have qualified in the taxable year for which the exemption is sought if he or she had survived, the spouse has been a resident of Illinois from the time of the veteran's death through the taxable year for which the exemption is sought, and supporting documentation is obtained and filed with the CCAO.
- is eligible for the SHEVD on his/her primary residence if the veteran's death was determined to be service-connected and the spouse is certified by the U.S. Department of Veterans Affairs as a recipient of dependency and indemnity compensation under federal law, even if the veteran did not previously qualify or obtain the SHEVD.

An **un-remarried** surviving spouse must permanently reside in and hold legal or beneficial title to the primary residence during the assessment year.

### Do I need to provide documentation?

Your Chief County Assessment Officer (CCAO) will require documentation to verify your eligibility for the SHEVD. You must provide documentation from the U.S. Department of Veterans' Affairs for the current assessment year and one of the following documents that is the original or a copy certified by the county recorder, recorder of deeds, Illinois Department of Veterans' Affairs, or the National Archives Record Center.

- Form DD 214 or separation of service from the War Department (military service prior to 1950);
- Certification of Military Service Form; or
- Illinois Driver's license or ID card showing a Veteran's Designation.

To request documentation that specifies your percentage of "service-connected disability rating,"

- call your local Department of Veteran's Affairs office (or other veteran's assistance office), or
- go online to your Veteran's E-benefit account at **ebenefits.va.gov.**

Any other rating is not valid.

An **un-remarried** surviving spouse of a veteran with a disability, who previously received this exemption, must provide the following documents to transfer the SHEVD to themselves or to transfer the SHEVD to a new primary residence:

- the veteran's marriage certificate;
- the veteran's death certificate; and
- proof of ownership.

In the event the veteran was killed in the line of duty, the surviving spouse must **also** provide, in place of the veteran's death certificate, the DD Form 1300, Report of Casualty, issued from the United States Department of Defense. Contact the Department of Veteran's Affairs for assistance in obtaining this form.

If the qualifying veteran has a combined service-connected disability rating of 100% and is deemed to be permanently and totally disabled, as certified by the US Dept. of Veterans Affairs, or if the veteran was a member of the U.S. Armed Forces during World War II, the veteran who has been granted this exemption is not required to annually reapply for the exemption, and the exemption shall remain in effect for as long as would have otherwise been permitted. The qualifying veteran must file a Summary of Benefits letter with the CCAO to verify the proper ratings.

### When will I receive my exemption?

The year you apply for the SHEVD is referred to as the assessment year. The county board of review, while in session for the assessment year, has the final authority to grant your SHEVD. If granted, your SHEVD will be applied to the property tax bill paid the year following the assessment year. The exemption will be prorated if the property is occupied for only a portion of the assessment year.

### When and where do I file my Form PTAX-342?

You (including an **un-remarried** surviving spouse applying for the first time or for a new primary residence) should file your Form PTAX-342 with your CCAO by the due date to receive this exemption. Contact your CCAO at the address and phone number below for assistance and filing information with your county.

**Note:** To continue receiving the SHEVD on your residence, you must file Form PTAX-342-R, Annual Verification of Eligibility for Standard Homestead Exemption for Veterans with Disabilities, each year with your CCAO unless specifically exempted by law.

**JO DAVIESS** County, CCAO

**330 N BENCH ST, STE 1B**
Mailing address

**GALENA** **IL** **61036**
City ZIP

**If you have any questions, call (** **815** **)** **777** **-** **1016**

### Are there other homestead exemptions available for a person with a disability?

**Yes.** However, only one of the following homestead exemptions may be claimed on your property for a single assessment year:

- **Veterans with Disabilities Exemption**
- **Homestead Exemption for Persons with Disabilities**
- **Standard Homestead Exemption for Veterans with Disabilities**

2026