COOK COUNTY ASSESSO					FOR OF CofE Type	FICE US	E ONLY CofE Num	ber
CERTIFICATE OF ERRO)R APPI	ICAT	101		2023			
The Certificate of Error process provides the homeowner an opportun Homeowners can now file for past exemptions for the 2023, 2022, 202	ity to redeem missing ex							
STEP1 Property Information	i, allu 2020 lax years.							
Property Index Number (PIN)	Property Addres	S				City		
Name of Applicant	Phone Number		E	mail Addre	ss	<u></u>		
Mailing Address (If different from property address)	City		State	Zip Co	de	Date of O	ccupancy	
Check th	ne box to receive new	s from the Asse	ssor's C	ffice				
 STEP 2 Check-mark all missing exemptions a You may choose multiple exemptions Homeowner Exemption TAX YEAR 2023 □ 2022 □ 2021 □ 202 ✓ I occupied the property as my principal place of robefore January 1st of the application year(s) indication year(s) i	and tax years. 0 s.	Sen TAX YEAR ✓ I occup the yea ✓ I am lia ✓ I own t interes	ior E 2023 bied the ar(s) ind ble for his pro t in this	Semp 3 20 2 property dicated. the payme perty or has property.	tion — 22 — 20 as my princ ent of this p ive a legal, o	ipal place o property's ta equitable, c	of residence axes. or leasehold	
I hereby apply for the Homeowner Exemption		I hereb	y apply	for the Sei	nior Exempt	ion		
 TAX YEAR 2023 2022 2021 2022 ✓ I was or became disabled during the tax year(s) in ✓ I occupied the property as my principal place of rebefore January 1st of the application year(s) indice or I was a resident of a life care facility licensed under Nursing Home Care Act and my property remainer or was occupied by my spouse. ✓ I am liable for the payment of this property's taxe ✓ I own this property or have a legal, equitable, or lead interest in this property. 	dicated. esidence on or ated; nder the d unoccupied s.	 ✓ I occup the app the app ✓ I have a Depart ✓ I am lia ✓ I own t in this ✓ I unders Assess 	bied the olicatio at least ment o oble for his pro proper stand the ed Valu	e property n year(s) ir 30% servi f Veteran A the payme perty or ha ty. nis exempti e, after sub	ndicated. ce connecte offairs durin ent of this p we a legal, o on applies to otracting any	ipal place of ed disability g the tax yo roperty's t equitable, o o the first \$ y part of the	of residence / certified by ear(s) indica	y the US ted. interest qualized property
I hereby apply for the Persons with Disabilities Exe	mption	Forces	on activ	e duty or S	tate active o	duty, in the l	ber of the US llinois Natior discharged.	
Required Documents One of the following documents must be provided w application and must match the year(s) indicated. Ch documentation you are including. Class 2 or 2A Illinois Disabled Person ID Card fro Secretary of State's Office. Proof of SSA Disability Benefits which includes: verification letter, annual COLA letter. If you are to of 65 and receiving SSI disability benefits, include indicating SSI payments. Proof of Department of Veterans Affairs disabilit which includes an award letter or certification let you are receiving pension for a non-service conn Proof of pension for non-military service connect Proof of Railroad or Civil Service Disability benefit	eck-mark the m the Illinois an award letter, under the age le a letter y benefits ter indicating ected disability. ted disability.	YES, cc Dec I hereb Require Applicant matches t Check-ma Disabi Depar [vetera	y apply ed Do s must he yea irk the lity cer tment (an] has	e the follow bisabled Vet for the Vet cuments submit a c r(s) for whi documents tification o of Veterans a service-o	ving: eran's Name erans with s ertification ch you are s you are in r verificatio a Affairs (VA connected c	Disabilities letter from applying ar cluding in t n letter from) stating th disability fo	n the VA that nd a DD214. This applicat m the U.S. e applicant r the tax yea	ath YY t tion.
 Proof of Railroad or Civil Service Disability beneficiation includes an award letter or verification letter of total (100%) disability. If you are unable to provide proof of your disabilities above, you must submit Form PTAX 343-A Statement for Proof of Disability, completed by a [Note: You may also be required to be re-examined designated physician. You would be responsible incurred for your examination by any physician.] 	ty listed on the , Physician's physician. ed by an IDOR	servic Form Depar Militar A non- applyi also p	e-conn DD214 tment. ry Serv -remar ng for rovide	ected disa or separati (military se ice Form. ried surviv the first tir their marri	bility and s ion of servic ervice prior ing spouse ne or transf	pecify the ce from the to 1950), o of a disable ferring the cate, the dis	r Certification ed veteran exemption r sabled veter	ite. on of must

Senior Freeze Exemption –

TAX YEAR 2023 2022 2021 2020

- ✓ The Total Household Income at this property was \$65,000 or less in the income year prior to the tax year(s) checked.
- ✓ This property was my principal place of residence on January 1 of the tax year(s) indicated and January 1 of the preceding year.
- ✓ I own this property or have a legal, equitable, or leasehold interest in this property January 1 of the tax year(s) indicated and January 1 of the preceding year.
- ✓ I was/am liable for the payment of this property's taxes for the tax year indicated and preceding year.

I hereby apply for the Senior Freeze Exemption

Required Income Verification for the Senior Freeze Only

To be eligible for this exemption, the household (applicant, applicant's spouse, and all persons using the property as their principal residence) must have had a combined income of \$65,000 or less during the calendar year prior to the tax year(s) you are applying for. For example, if you are applying for tax year 2022, then income from calendar year 2021 must be listed. Complete this worksheet to determine your eligibility for each tax year(s) and list the names of all persons who used this property as their principal residence as of January 1st of the year(s) applied for:

<u>YOU:</u> OTHERS:

THE INCOME VERIFICATION BELOW MUST BE COMPLETED

*If you were enrolled in any of the following programs in 2022, you may provide proof of enrollment in 2022 and skip the income verification for tax year 2023. Programs: AABD, SNAP, LIHEAP, Benefit Access Program, Senior Citizens Real Estate Tax Deferral Program

Include the household total for all income entered.	*2023 USE 2022 INCOME	2022		2021	2020
1. Social Security, SSI benefits. Include Medicare deductions.					
2. Railroad Retirement benefits.					
3. Civil Service benefits.					
 Annuities, federally taxable pensions and retirement plan distributions. 					
Human Services and other governmental cash public assistance benefits.					
6. Wages, salaries, and tips from work.					
7. Interest and dividends received.					
8. Net rental, farm, and business income (or loss).					
9. Net capital gain (or loss).					
10. Other income (or loss).					
11. Subtotal: Add Lines 1 through 10					
12. Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040.					
13. Total Household Income: Subtract Line 12 from Line 11 If Line 13 is less than or equal to \$65,000, this household meets the income qualifications for the "Senior Freeze."					
STEP 3 Photo ID Required and Proof of Occ		STEI	P4	Signature	
All applicants must include Photo ID and an Occupancy Affidavit. The na the ID must match what is entered on the application, and been issued bef buldest tax year applied for. If your current name is different from a former verification document(s) or the deed, you must submit documentation suff hame change: a certified marriage certificate, divorce decree, etc. If you do you must submit documentation showing a legal, equitable, or leasehold in Attach copies of one from List A or one from List B AND one from List Photo IDs that verify identity and occupancy in the tax year.Divers License / IL ID Card • Matrícula Consular ID • City of Chicago ID Card	ore January 1 of the name on any provided icient to explain the o not own the property, nterest in the property.	conta comp in err taxes of the I affir appli other If you	nined in the olete. I und or, this pro- s and pena e Illinois P m that ne ed for a H property. I are comp	operty may be subje alties in accordance roperty Tax Code. ither I nor my spous omestead Exemptic	e, correct and xemption is granted cct to a lien for back with Section 9-275 e (if any) have n on any , mail a completed
f the address on your Photo ID doesn't reflect the property address, provide one photo ID from List B and one document from List C.		C 1	ook Cou 18 N. Cla	unty Assessor ark Street, Roon IL 60602	
 City of Chicago ID Card US Passport US Military ID Card Certificate of Naturalization (N-550/N-570) Pay stub 	and reflect the tax yea for. t , or internet bill	App App	licant's N licant's S	ame	
Refugee Travel Document (I-571) Voting record (1	Award Letter from Cook County Clerl go Board of Elections)	k's	<u>;</u>		

Questions? Please call us at (312) 443-7550 for help in English, Español, and Polskim. www.cookcountyassessor.com

COOK COUNTY ASSESSOR FRITZ KAEGI



COOK COUNTY ASSESSOR'S OFFICE 118 NORTH CLARK STREET, 3RD FLOOR CHICAGO, IL 60602 | PHONE: 312.443.7550 WWW.COOKCOUNTYASSESSOR.COM

OCCUPANCY AFFIDAVIT

Affiant's Name:	Phone #: ()	_
Affiant's Current Address:	(property address, city, state and zip code)	_
I,	, do hereby state under oath as follows:	
(Affiant's name)	, do hereby state under oath as follows:	
From to	, I occupied as my principal residence	
the property commonly known as		and
	(property address, city, state and zip code)	
identified by Property Index Number(s	6)	_,
and I did not request or receive a hom	nestead exemption on a different property for any of tho	se years.
I swear that the facts stated above are	e true and complete.	

Signature of Affiant (required)		

Updated March 23, 2020