

COOK COUNTY ASSESSOR | FRITZ KAEGI

EXEMPTION APPLICATION FOR TAX YEAR 2025



STEP 1 | Property Information

Property Index Number (PIN)

Name of Applicant

Property Address

City

Zip Code

Phone Number

Email Address

Date of Occupancy
MM/DD/YYYY

Start Date

Write the End Date or Today's Date

STEP 2 | Choose Eligible Exemption(s) / Verify Required Documents

Check-mark all exemptions for which you qualify and would like to apply. You may choose multiple exemptions.

Homeowner Exemption

- I occupied the property as my principal place of residence on or before January 1, 2025.
- I am liable for the payment of this property's taxes.
- I own this property or have a legal, equitable, or leasehold interest in this property.

Senior Exemption

- I occupied the property as my principal place of residence in 2025.
- I am liable for the payment of this property's taxes.
- I own this property or have a legal, equitable, or leasehold interest in this property.
- I was born in or before 1960. Enter date of birth:

Low-Income Senior Freeze Exemption

- The Total Household Income at this property was \$65,000 or less in income tax year 2024.
- This property was my principal place of residence on **January 1, 2024 and January 1, 2025.**
- I own this property or have a legal, equitable, or leasehold interest in this property on January 1, 2024 and January 1, 2025.
- I was/am liable for the payment of this property's 2024 and 2025 property taxes.

Note: This exemption is subject to an audit by the Cook County Assessor's Office. Signing a fraudulent application for this exemption is perjury as defined in Section 32-2 of the Illinois Criminal Code of 2012.

Required Income Verification

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 calendar year 2024.**

Names of all persons who used this property as their principal residence as of January 1, 2025:

You:

Others:

Were you enrolled in any of the following programs in 2024?

- | | YES | NO |
|--|--------------------------|--------------------------|
| Aid to the Aged, Blind or Disabled (AABD) Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| The Benefit Access Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Senior Citizens Real Estate Tax Deferral Program | <input type="checkbox"/> | <input type="checkbox"/> |

Include the total household income for income tax year 2024.

1. Social Security, SSI benefits. (Gross amount. Include Medicare deductions.)
2. Railroad Retirement benefits.
3. Civil Service benefits.
4. Annuities, federally taxable pensions and retirement plan distributions.
5. 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). No carryover 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 2024 U.S. 1040, Schedule 1, Line 26

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."

IF YOU REPLIED YES TO ANY

You must provide proof of enrollment in 2024 and do not need to fill out the income verification to the right.

IF YOU REPLIED NO TO ALL

You must complete the income verification to the right.

Apply online:

Scan the QR code or visit cookcountyassessoril.gov



TURN PAGE OVER to complete your application

Persons with Disabilities Exemption

- I was or became disabled during 2025.
- I occupied the property as my principal residence on or before January 1, 2025; or
- I was a resident of a life care facility licensed under the Nursing Home Care Act and my property remained unoccupied or was occupied by my spouse.
- I am liable for the payment of this property's taxes.
- I own this property or have a legal, equitable, or leasehold interest in this property.

Required Documents

One of the following documents must be provided with this application. Check-mark the documentation you are including.

- Class 2 or 2A Illinois Disabled Person ID Card from the Illinois Secretary of State's Office.
- Proof of SSA Disability Benefits which includes: an award letter, verification letter, annual COLA letter. If you are under the age of 65 and receiving SSI disability benefits, include a letter indicating SSI payments.
- Proof of Department of Veterans Affairs disability benefits which includes an award letter or certification letter indicating you are receiving a pension for a non-service connected disability.
- Proof of pension for non-military service connected disability.
- Proof of Railroad or Civil Service Disability benefits which includes an award letter or verification letter of total (100%) disability.
- If you are unable to provide proof of your disability listed on the items above, you must submit Form PTAX 343-A, Physician's Statement for Proof of Disability, completed by a physician or optometrist. [Note: You may also be required to be re-examined by an IDOR designated physician. You would be responsible for any cost incurred for your examination by any physician.]

Veterans with Disabilities Exemption

- I occupied the property as my principal place of residence in 2025.
- I have at least 30% service connected disability certified by the US Department of Veteran Affairs (VA) during tax year 2025.
- I am liable for the payment of this property's taxes.
- I own this property or have a legal, equitable, or leasehold interest in this property.
- I am an Illinois resident who has served as a member of the US Armed Forces on active duty or State active duty, in IL National Guard or US Reserve Forces.

- Alternative qualification for a surviving spouse: I am a non-remarried surviving spouse of a disabled veteran who had a service-connected disability certified by the VA. I have been a resident of Illinois from the time of the veteran's death through this taxable year. Complete the following:

Deceased Disabled Veteran's Name

Date of Death

/ /

Required Documents

Applicants must submit a certification letter from the VA and a DD214. Check-mark the documents you are including in this application.

- Disability certification or verification letter from the VA stating the applicant [veteran] has a service-connected disability for the tax year being applied for. The document must specify the percentage of the service-connected disability and specify the effective date.
- Form DD214 or separation of service from the War Department (military service prior to 1950), or Certification of Military Service Form.
- A non-remarried surviving spouse of a disabled veteran applying for the first time or transferring the exemption must also provide their marriage certificate, the disabled veteran's death certificate, and proof of property ownership.

Are you a returning veteran?

If you are returning from active duty in an armed conflict involving the armed forces of the U.S., visit cookcountyassessoril.gov/returning-veterans-exemption to apply separately for the Returning Veterans Exemptions.

Are you a WWII veteran?

If any of your service was performed during the time frame beginning on December 7, 1941, and ending on December 31, 1946, visit cookcountyassessoril.gov/wwii-veterans-exemption to apply separately for the World War II Veterans Exemption.

STEP 3 | Photo ID Required and Proof of Occupancy

All applications must include Photo ID and an Occupancy Affidavit. The name and address on the ID must match what is entered on the application, and been issued in year 2025 or prior. If your current name is different from a former name on any provided verification document(s) or the deed, you must submit documentation sufficient to explain the name change: a certified marriage certificate, divorce decree, etc. If you do not own the property, you must submit documentation showing a legal, equitable, or leasehold interest in the property.

Attach copies of one from List A or one from List B AND one from List C

- A** Photo IDs that verify identity and occupancy in the tax year.
- Drivers License / IL ID Card
 - Matrícula Consular ID
 - City of Chicago ID Card

If 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.

- B**
- IL Drivers License / IL ID Card
 - Matrícula Consular ID
 - City of Chicago ID Card
 - US Passport
 - US Military ID Card
 - Certificate of Naturalization (N-550/N-570)
 - Permanent Resident Card (I-551)
 - Refugee Travel Document (I-571)
 - Employment Authorization (I-766)

- C** Items in List C must include the property address and reflect the 2025 tax year.
- Bank statement
 - Landline, cable, or internet bill
 - Pay stub
 - Social Security Award Letter
 - Voting record (from Cook County Clerk's Office or Chicago Board of Elections)

STEP 4 | Signature

To the best of my knowledge, the information contained in this application is true, correct and complete. I understand that if an exemption is granted in error, this property may be subject to a lien for back taxes and penalties in accordance with Section 9-275 of the Illinois Property Tax Code.

I affirm under oath that neither I nor my spouse (if any) have applied for a Homestead Exemption on any other property.

If you are completing a paper form, mail a completed form with applicable documentation to:

Cook County Assessor
118 N. Clark Street, Room 320
Chicago, IL 60602

Applicant's Name

Applicant's Signature

Today's Date

/ /

Date of Birth

/ /

Questions? Please call us at (312) 443-7550 for help in English, Español, and Polski. Visit cookcountyassessoril.gov for more info.



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)

From _____ to _____, I occupied as my principal residence
(date) (date)

the property commonly known as _____ and
(property address, city, state and zip code)

identified by Property Index Number(s) _____,

and I did not request or receive a homestead exemption on a different property for any of those years.

I swear that the facts stated above are true and complete.

Signature of Affiant (required)