



**Part 4: Affidavit**

Sworn under oath, I state the following:

1 (Mark all that apply)

On January 1, 2018, the property identified in Part 2, Line 1, was improved with a permanent structure

a \_\_\_\_\_ that I used as my principal residence.

b \_\_\_\_\_ 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 & Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act.

\_\_\_\_\_  
Name of facility

\_\_\_\_\_  
Mailing Address

2 (Mark all that apply)

On January 1, 2018, I

a \_\_\_\_\_ was the owner of record of the property identified in Part 2, Line 1.

b \_\_\_\_\_ had a legal or equitable interest by written instrument in the property.

c \_\_\_\_\_ had a leasehold interest in this property, that was used as a single family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1

Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2 and 3 for this property on January 1, 2017.

4 (Mark all that apply)

a \_\_\_\_\_ In 2018, I am, or will be, 65 year of age or older.

b \_\_\_\_\_ In 2018, my spouse, who died in 2017, would have been 65 years of age or older.

\_\_\_\_\_  
Deceased spouse's name

\_\_\_\_\_  
Date of death

5 The property identified in Part 2, Line 1, is the only property for which I have applied for a senior citizens assessment freeze homestead exemption for 2018.

6 The amount reported in Part 3, Line 13, of this form includes the income of all persons living in my household and the total household income for 2017 is \$65,000 or less.

7 On January 1, 2018, the following individuals also used the property as their principal residence. My spouse is included if he or she used the property as his or her principal dwelling on January 1, 2018. The total income of individuals and my spouse (regardless of his/her principal residence) are included in Part 3. (Attach additional sheet if necessary)

**First and last name**

**Age**

**Relationship to applicant**

a \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 (Mark the statement that applies)

On January 1, 2018, I was

a \_\_\_\_\_ single, widow(er), or divorced.

b \_\_\_\_\_ married and living together.

c \_\_\_\_\_ married, but not living together.

\_\_\_\_\_  
Spouse's name

\_\_\_\_\_  
Spouse's Address

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct and complete. \*Note - The CCAO may conduct an audit to verify that the taxpayer is eligible for this exemption.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (month, day year)

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2018

\_\_\_\_\_  
Notary Public

Mail your completed PTAX-340 Form to:  
Livingston County Assessment Office  
112 W Madison St  
Pontiac, IL 61764

If you have any questions, please call  
(815) 844-7214

Last date to apply: July 1, 2018