PTAX-343-A Physician's Statement for the Homestead Exemption for Persons with Disabilities

Read this first

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To qualify for the Homestead Exemption for Persons with Disabilities (HEPD), proof of a disability is required. The acceptable proof of disability is listed on the back of this Form. If you are unable to provide any of these as proof of your disability, you and an Illinois licensed physician must complete Form PTAX-343-A. You are responsible for any physician's costs.

Step 1: Applicant - Complete the following information

1	Property owner's name Street address of homestead property			ite the property index number (PIN) of the property for ich you are filing this form. Your PIN can be found on your operty tax bill or you may obtain it from your Chief County sessment Officer (CCAO). If you are unable to obtain you N, write the legal description on Line b.		
	City	ZIP	а	PIN		
	() Daytime phone		b	Attach a separate sheet if needed.		
2	Write the assessment year for which you are requesting the HEPD:					

Step 2: Physician, Advanced Practice Nurse, Physician Assistant, or Optometrist - Complete the following information

Part A: Patient information - Please print.

The patient must meet the disability criteria established by the Social Security Administration.

Note: Alcoholism or drug abuse is not included in the Social Security Administration's guidelines as a qualification for disability status.

4	Patie	ent's nan	ne:						
5	Date	patient	became disabled / //						
			ent do the same type of work as prior to th patient able to work for a living after this d	sability?	Yes No Yes No No				
7	Has	the disa	bility lasted or is it expected to continue for	r 12 m	nonths of	r more? Yes 🛛 No 🗖			
8 Check all major body systems, disorders, and diseases of the patient's disability:									
		1.00	Musculoskeletal		8.00	Skin			
		2.00	Special Senses and Speech		9.00	Endocrine			
		3.00	Respiratory		10.00	Congenital disorders that Affect Multiple Body Systems			
		4.00	Cardiovascular		11.00	Neurological			
		5.00	Digestive		12.00	Mental			
		6.00	Genitourinary		13.00	Cancer (Malignant Neoplastic Diseases)			
		7.00	Hematological		14.00	Immune			
9	Wha	t is the r	nature of the disability?						
Pa	art E	: Physic	cian, Advanced Practice Nurse, Physi	cian	Assista	nt, or Optometrist information			
10	Nar	ne:							
11	Ent	er your li	icense number and issuing state:						
	License number:				State:				
12	I ha	n below: ve examined this patient and based on the Social Security Administration's criteria for disability, I state that the rmation contained in Step 2 is true, correct and complete to the best of my knowledge.							

Date

Physician, Advanced Practice Nurse, Physician Assistant, or Optometrist signature

General Information

To qualify for the Homestead Exemption for Persons with Disabilities (HEPD), proof of a disability is required. The acceptable proof of disability is listed below. If you are unable to provide any of these as proof of your disability, you and a licensed physician, advanced practice nurse, physician assistant, or optometrist must complete Form PTAX-343-A. You are responsible for any physicians' costs.

Note: Certification by a licensed Optometrist is limited to disabilities related to visual impairment.

What is considered proof of disability?

- 1 A Class 2 Illinois Person with a Disability Identification Card from the Illinois Secretary of State's Office. Class 2 or Class 2A qualifies, Class 1 or 1A does **not** qualify.
- 2 Proof of Social Security Administration (SSA) disability benefits which includes an award letter, verification letter or annual Cost of Living Adjustment (COLA) letter (only Form SSA-4926-SM-DI). If you are under the age of 65 receiving Supplemental Security Income (SSI) disability benefits, proof includes a letter indicating SSI payments (SSA-L8151, SSA-L8155, or SSA-L8156).
- **3** Proof of Veterans Administration disability benefits which includes an award letter or verification letter indicating you are receiving a pension for a non-service connected disability.
- 4 Proof of Railroad or Civil Service disability benefits which includes an award letter or verification letter of total (100%) disability.

When and where must I file this Form PTAX-343-A?

You must file Form PTAX-343- A with your Chief County Assessment Officer (**CCAO**) at the address shown below prior to your county's due date for the Homestead Exemption for Persons with Disabilities (HEPD). Contact your CCAO at the telephone number or address below for assistance.

File or mail your completed Form PTAX-343-A to:

	County, CCAO
Mailing address	
	IL
City	ZIP
If you have any questions, please of	call: ()

Social Security Administration's Listing of Impairments

The Listing of Impairments describes, for each major body system, impairments that are considered severe enough to prevent a person from doing any gainful activity. Most of the listed impairments are permanent or expected to result in death, or a specific statement of duration is made. For all others, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months. The criteria in the listing of impairments are applicable to evaluation of claims for disability benefits from the Social Security Administration (SSA). Visit the SSA website for more specific information at **ssa.gov**.

1.00	Musculoskeletal System	8.00	Skin Disorders
2.00	Special Senses and Speech	9.00	Endocrine Disorders
3.00	Respiratory System	10.00	Congenital Disorders that Affect Multiple Body Systems
4.00	Cardiovascular System	11.00	Neurological
5.00	Digestive System	12.00	Mental Disorders
6.00	Genitourinary System	13.00	Cancer (Malignant Neoplastic Diseases)
7.00	Hematological Disorders	14.00	Immune Systems Disorders

			Official use. Do not	write in this space.				
Date received:	/ Day	_/ Year		DFPR license verified:	Month	_/ Day	_/ Year	······
Comments:								