

PTAX-343-A

Read this first

Step 1: Applicant - Complete the following information

Property owner's name

Form can be emailed to disabled.exemptions@co.st-clair.il.us

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

City _____ IL _____ ZIP _____

If you have any questions, please 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: ____/____/____
Month Day Year

DFPR license verified: ____/____/____
Month Day Year

Comments: _____

