

**KANE COUNTY ASSESSMENT OFFICE
Kane County Government Center
719 South Batavia Avenue, Building C
Geneva, Illinois 60134-3000**

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**This is your 2017 Senior Citizen Assessment Freeze
Homestead Exemption application.**

COUNTY OF KANE

COUNTY ASSESSMENT OFFICE

Mark D. Armstrong, CIAO

Supervisor of Assessments

Holly A. Winter, CIAO/I

Chief Deputy Supervisor of Assessments




County Government Center
719 South Batavia Avenue, Building C
Geneva, Illinois 60134-3000
(630) 208-3818


www.KaneCountyAssessments.org


Dear Senior Taxpayer:

This is your 2017 application for the Senior Citizen Assessment Freeze Homestead Exemption. Please take this opportunity to **file this form immediately for the 2017 (taxes payable 2018) assessment year**. You will not receive another application for this exemption.

There are some new procedures for 2017. Please note:

 **To qualify for the Senior Freeze, at least one of the owners of your household must be 65 or older by December 31, 2017 AND you have household income no greater than \$55,000 in 2016.**

 **If you are applying based on a Life Estate in a property, the life estate must be conveyed in a document that has been recorded with the Kane County Recorder.**

 **Beginning this year, you MUST attach proof of income with your application. This means:**

- If you file Federal Tax Return, you MUST include a copy of BOTH PAGES of IRS Form 1040 or IRS Form 1040A for all persons who live on the property; and
- If any tax return income includes a deduction for a loss, you MUST include a copy of Schedules C, D, E, or F, as applicable;
- If you or another member of the household is not required to file a federal tax return, then you MUST include a copy of your SSA-1099 and all 1099 forms for annuities, 401ks, other pensions, interest income, rental income, life insurance dividends, etc.

If we receive an application without these documents, the application will not be processed.

Please return the completed form to my office at the address above. If you have questions or need assistance filling out these forms, there are several options:

- The County Assessment Office staff will be available to assist you during our normal business hours (8:30 a.m. and 4:30 p.m., Monday through Friday). They are available at (630) 208-3818, as well as in person at the above address. We have a **free notary service** if you file in person.
- Senior Services of Aurora (which serves Kane County south of South Elgin) will be available (by appointment only) from 8:00 AM to 4:00 PM Monday through Friday. Their telephone number is (630) 897-4035.
- Senior Services of Elgin (which serves the northern half of Kane County and South Elgin) will be available (by appointment only) from 8:00 AM to 4:00 PM Monday through Friday. Their telephone number is (847) 741-0404.
- If you are homebound, call Senior Services and someone will make an appointment to come to your home.

Please contact the Kane County Assessment Office with any questions about this form.

Our Mission: An equitable assessment for every parcel.

Senior Citizen Assessment Freeze Homestead Exemption Frequently Asked Questions

What is the “Senior Freeze” Exemption?

The *Senior Citizens Assessment Freeze Homestead Exemption* reduces the EAV of a home by the difference between the 2017 EAV and the EAV of the “Base Year”. The base year generally is the year prior to the year the taxpayer first receives the exemption. **This exemption does not freeze the amount of a property tax bill, which could change if the tax rate changes.** The assessment and tax bill may increase if improvements are added to the home. However, if the EAV of the home decreases in the future, the taxpayer will benefit from any reduction.

Who is eligible?

To qualify to renew the *Senior Citizen Assessment Freeze Homestead Exemption*, one of the owners of the property must:

- Be 65 years old no later than December 31, 2017; and
- Own the property or have an equitable interest in it by written instrument, or had a leasehold interest in the single family home (if the ownership is via a life estate, the instrument that grants the life estate must be recorded with the Kane County Recorder); and
- Use the property as your principal residence on both January 1, 2016 and January 1, 2017; and
- Have a total household income \$55,000 or less in 2016.

SPECIAL SITUATIONS:

- If your property is assessed under the mobile home privilege tax, you do not qualify for this exemption.
- If your spouse died in 2017 and would have qualified for the exemption in 2017, and you meet all requirements except the age requirement, you are eligible for this exemption in 2017.
 - If the qualifying taxpayer received the Senior Freeze in the past, but is now a resident of a facility that is a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, or the ID/DD Community Care Act, **and** your property is unoccupied or is occupied by the spouse of the qualifying taxpayer, the property may be eligible if the other requirements are met.
- If you are a resident of a cooperative apartment building or cooperative life-care facility, you may qualify for this exemption if you are liable for the payment of property taxes on your residence and meet the other eligibility requirements.

What is a household?

A household means the applicant, the applicant’s spouse, and **all** persons who use the residence of the applicant as their principal dwelling place on January 1, 2017, whether they pay rent or not.

What is included in household income?

Household income includes your income, your spouse’s income, and the income of **all** persons living in the household. Examples of income are listed below. (For specific questions, see P. 3, Part 2)

- Alimony or maintenance received
- Annuity benefits
- Black Lung benefits
- Business income, including capital gains (See the specific instructions on page 3 for lines 8, 9 and 10)
- Cash assistance from the Illinois Department of Human Services and/or any other governmental cash assistance
- Cash winnings from such sources as raffles, lotteries, and gambling
- Civil Service benefits
- Damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- Dividends
- Farm income
- Illinois Income Tax Refund (only if you received Form 1099-G)

- Interest, including interest received on life insurance policies
- Long term care insurance (*federally taxable portion only*)
- Lump sum Social Security payments
- Miscellaneous income from rummage sales, recycling aluminum, baby sitting, etc.
- Military retirement pay based on age or length of service
- Monthly insurance benefits
- Pension and IRA benefits (*federally taxable portion only*)
- Railroad Retirement benefits (*Including Medicare deductions*)
- Rental income
- Social Security income (*including Medicare deductions*)
- Supplemental Security Income (SSI) benefits
- Unemployment compensation (all)
- Wages, salaries, and tips
- Workers’ Compensation Act Income
- Workers’ Occupational Diseases Act income

What is not included in household income?

Examples of income that are not included in household income are listed below (For specific income questions, see P. 3, Part 2)

- Cash gifts and loans
- Child support payments
- Circuit Breaker grants
- COBRA Subsidy Payments
- Damages paid from a lawsuit for a physical injury or sickness
- Energy Assistance payments
- Federal income tax refunds
- IRAs “rolled over” into other retirement accounts, unless “rolled over” into a Roth IRA
- Lump sums from inheritances or insurance policies
- Money borrowed against a life insurance policy or from any financial institution
- Reverse mortgage payments
- Spousal impoverishment payments
- Stipends from Foster Parent and Foster Grandparent programs
- Veterans’ benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2016 up to the maximum allowed by the government for federal tax returns.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

If you are eligible for the Senior Citizen Assessment Freeze Homestead Exemption, you should file this form with the County Assessment Office by **July 3, 2017**. You must file an application **every year** to continue to receive this exemption. The eligibility requirements listed under “Who is eligible?” must be met each year. *Additional documentation (i.e., birth certificates, tax returns, etc.) may be required by the County Assessment Office to verify the information in this application.*

What if I need additional assistance?

If you have questions about this form, please contact the Kane County Assessment Office at (630) 208-3818.

Step-by-Step Instructions for Filing this Form

Part 1: Complete the following information

Application Data—Type or print your name, address, and Driver's License or State ID number, date of birth, and phone number.

Lines 1 through 3—Follow the instructions on the form.

Line 4—Write the names, relationship to the applicant and date of birth for **all other individuals, including your spouse**, who used the property for their principal residence on January 1, 2017. Attach an additional sheet if necessary.

Part 2: Complete the 2016 income information for the entire household

"Income" for this exemption means 2016 federal adjusted gross income, **plus** certain items subtracted from or not included in your federal adjusted gross income. These include tax-exempt interest, dividends, pensions, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from governmental agency, Supplemental Security Income, and certain taxes paid. These step-by-step instructions provide federal return line references and reporting statement references, whenever possible. *The amounts written on each line must include your 2016 income and the income of **all** the individuals living in the household.*

Line 1—Social Security and Supplemental Security Income (SSI)

Benefits Write the total amount of any retirement, disability, or survivor's benefits (including Medicare deductions) the entire household received from the Social Security Administration. (Shown in box 5 of Form SSA-1099.) You must also include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses. *Note: The amount deducted for Medicare (\$1,608.00 yearly or \$134.00 per month, per person) is already included in the amount in box 5 of Form SSA-1099 (also shown on line 20a on the Federal 1040 or line 14a on the Federal 1040A).*

Line 2—Railroad Retirement benefits Write the total amount of any retirement, disability, or survivor's benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3—Civil Service benefits Write the total amount of any retirement, disability, or survivor's benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4—Other pensions and annuity benefits Write the total income the entire household received as an annuity, endowment, life insurance contract or similar contract or agreement (shown on Form 1099-R). Include only the federally taxable portion of IRAs, IRAs converted to Roth IRAs, and pensions (shown on Federal 1040, Line 15b and 16b, Federal 1040 A, Line 11b and 12b). IRAs are not taxable when "rolled over", unless "rolled over" into a Roth IRA.

Line 5—Human Services and other governmental cash public assistance benefits Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the first two digits of any member's Human Services case number are the same as any of those in the following list, you must include the total amount of any of these benefits on Line 5.

- | | |
|-------------|------------------------------------|
| 01—aged | 04 and 06— temporary assistance to |
| 02—blind | needy families (TANF) |
| 03—disabled | 07—general assistance |

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period. Food stamps, medical

assistance benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6—Wages, salaries, and tips from work Write the total amount of wages, salaries, and tips from work, for every household member (shown in box 1 of form W-2).

Line 7—Interest and dividends received Write the total of all interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8—Net rental, farm, and business income or (loss) Write the total amount of any net income or loss from rental, farm, business sources, etc., the entire household received, as allowed on Federal 1040, Lines 12, 17 and 18. **Attach IRS Schedule C, E and/or F to the application if you are claiming a loss. You cannot use any net operating loss (NOL) carryover in figuring income.**

Line 9—Net capital gain or (loss) Write the total amount of any taxable capital gain or loss the entire household received in 2016, as allowed on Federal 1040, Lines 13 and 14, or Federal 1040A, Line 10. **Attach IRS Schedule D to the application if you are claiming a loss. You cannot use a net capital loss carryover in figuring income.**

Line 10—Other income or (loss) Write the total amount of any other income or loss not included in Lines 1 through 9 that is included in federal adjusted gross income, such as alimony received, unemployment compensation, taxes withheld from oil or gas well royalties. **You cannot use any net operating loss (NOL) carryover in figuring income.**

Line 11—Add Lines 1 through 10.

Line 12—Subtractions You may subtract **only** the reported adjustments to income totaled on Federal 1040 Line 36 or Federal 1040A, Line 20:

- Educator expenses
- Health savings account deduction
- IRA deduction
- Student loan interest deduction
- Tuition and fees deduction
- Jury duty pay you gave to your employer
- Archer MSA deduction
- Moving expenses
- Deductible part of self-employment tax
- Self-employed health insurance deduction
- Self-employed SEP, SIMPLE, and qualified plans
- Penalty on early withdrawal of savings
- Alimony or maintenance paid
- Domestic production activities deduction

Line 13—Total household income Subtract Line 12 from Line 11. If this amount is greater than \$55,000, **you do not qualify for this exemption.**

Part 3: Complete this affidavit

Lines 1 through 6—Read the affidavit carefully. Check any statements that pertain to you; all statements **must** be marked.

→**Note:** You **must** sign your application and this form must also be notarized. Return your completed form to:

**Kane County Assessment Office
Kane County Government Center, Building C
719 South Batavia Avenue
Geneva, Illinois 60134-3000**



Application for Senior Citizens Assessment Freeze Homestead Exemption for 2017

KANE COUNTY ASSESSMENT OFFICE
719 South Batavia Avenue, Building C
Geneva, Illinois 60134-3000

(630) 208-3818

www.KaneCountyAssessments.org

Part 1: Complete the following information Please type or print

1. _____
 Last Name of Applicant First name Initial Driver's License or State ID Number _____

 Mailing Address Applicant's Date of Birth _____ / _____ / _____
 Month Day Year

 City State ZIP Applicant's Telephone (____) _____

2. _____
 Property Address Township _____

 City ZIP Parcel number (located on mailing label of this form, on your most recent property tax bill or assessment notice, or by calling the County Assessment Office at (630) 208-3818.)

3. Name of spouse _____ Address of Spouse _____ Spouse date of birth _____

4. On January 1, 2017, in addition to myself (and spouse, if applicable), the following individuals used the property listed for their principal residence. The income of all individuals listed below must be included in Part 2. Attach an additional sheet if necessary.

	First and last name	Relationship to applicant	Date of birth
4a	_____	_____	_____
4b	_____	_____	_____
4c	_____	_____	_____
4d	_____	_____	_____

Please detach this page from instructions before mailing.

Part 2: Complete the 2016 yearly income information for the entire household

1	Social Security and SSI benefits. Include Medicare deductions in this total (Must match box 5 of Form SSA-1099 (also shown on line 20a of Federal 1040 or line 14a of Federal 1040A) (household total)	1	_____
2	Railroad Retirement benefits. Include Medicare deductions in this total (household total)	2	_____
3	Civil Service benefits (household total)	3	_____
4	Annuity benefits and federally taxable pensions and IRA benefits. (household total)	4	_____
5	Human Services and any governmental cash public assistance benefits (household total)	5	_____
6	Wages, salaries, and tips from work (household total)	6	_____
7	Taxable dividends and both taxable and non-taxable interest received (household total)	7	_____
8	Net rental, farm, and business income or (loss). See instructions for Line 8 (household total); attach entire Schedule C, E and/or F if loss.	8	_____
9	Net capital gain or (loss). See instructions for Line 9 (household total); attach Schedule D if loss.	9	_____
10	Other income or (loss). See instructions for Line 10 (household total)	10	_____
11	Add Lines 1 through 10.	11	_____
12	Certain subtractions. You may subtract only the reported adjustments to income from Federal 1040, Line 36 or Federal 1040A, Line 20.		
	Subtraction item	Amount	
12a	_____	_____	
12b	_____	_____	
	Add the amounts on Lines 12a and 12b and write the result.	12	_____
13	Subtract Line 12 from Line 11, and write the result. This is your total household income for 2016. If this amount is greater than \$55,000, you do not qualify for this exemption.	13	_____

Continue on Back

Part 3: Complete the Affidavit (MUST answer all questions and check all that apply).

- 1 On January 1, 2016 **and** January 1, 2017 (both must apply), the property listed in Part 1, Line 1, is a permanent structure that was:
- used as my principal residence, **or**
 - a residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, or the ID/DD Community Care Act **and** the residence is unoccupied or is used as the principal residence of my spouse.

Name of Licensed Facility _____

Address _____ Date entering facility _____

- 2 On January 1, 2016 **and** January 1, 2017 (both must apply), for the property listed in Part 1, Line 1:
- I was the owner of record for the property as evidenced by a deed; **or**
 - I was the owner of record for the property via a recorded life estate (Doc. No. _____) **or**
 - I had legal or equitable interest in the property by a written instrument (*attach copy*); **or**
 - I had a leasehold interest in the property that was used as a single-family residence (*attach copy*).

- 3 In 2017, either:
- I am or will be 65 years of age or older, **or**
 - My spouse, who died in 2017, would have been age 65 or older. If my spouse died in 2017,

3a The name of my deceased spouse was _____

3b The date of death of my deceased spouse was _____ / _____ / _____
 Month Day Year

- 4 Do you own any other real estate anywhere in the United States?
- Yes; the address of the real estate is _____.
 - No, this is the only property I/we own.

- 5 By signing this affidavit, I certify that the income shown on Part 2, line 13, includes all income of myself, spouse (whether residing on this property or not), and all other persons using this property as a residence as of January 1, 2017. I further certify that for myself, my spouse, and all persons who are listed on line 4 of this form, I have attached:
- For those persons required to file a federal tax return, copies of BOTH PAGES of IRS Form 1040 or IRS Form 1040A, as well as copies of Schedules C, D, E, or F, as applicable, for any return showing a loss; or
 - For those persons not required to file a federal tax return, copies of form SSA-1099 and all 1099 forms for annuities, 401Ks, other pensions, interest income, rental income, life insurance dividends, and all other income sources.

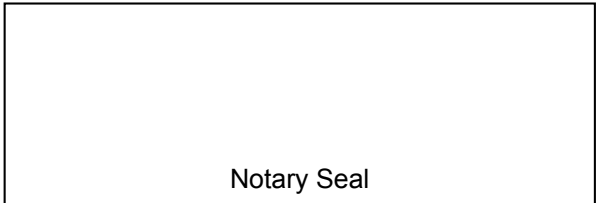
Under penalties of perjury, I swear (or affirm) that to the best of my knowledge, the information contained in this affidavit is true, correct, and complete. I understand that the Kane County Supervisor of Assessments may conduct an audit to verify that I am eligible to receive this exemption.

_____/_____/_____
 Signature of applicant is **required** Date

Notary required

Subscribed and sworn to before me this

_____ day of _____, 20____.



 Notary Public

Do not write in space below

Approved Denied

Notes _____

Edited by _____ Date _____

BASE YEAR _____

BASE EAV \$ _____

EXPIRED HIE \$ _____

TOTAL EAV (LESS FARM) \$ _____

Entered by _____ Date _____