



Application for Standard Homestead Exemption for Veterans with Disabilities (SHEVD)

KANE COUNTY ASSESSMENT OFFICE

719 Batavia Avenue

Geneva, Illinois 60134-3000

Voice: (630) 208-3818 • Fax: (630) 208-3824

www.KaneCountyAssessments.org

Section 1: Instructions

- A. **Taxpayer eligibility.** To qualify for this exemption, the taxpayer must meet the following requirements:
- Be an Illinois resident who has served as a member of the U.S. Armed Forces on active duty or state active duty, Illinois National Guard, or U.S. Reserve Forces, and has an honorable discharge.
 - Have at least a 30% service-connected disability (not including unemployability) certified by the U.S. Department of Veteran's Affairs.
- B. **Property eligibility.** To be eligible for the exemption:
- The eligible veteran taxpayer must be the owner of record and occupy the house as a primary residence during all or a portion of the assessment year or lease and occupy a single family residence during all or a portion of the assessment year.
 - The property must have a total equalized assessed valuation (EAV) of less than \$250,000 for the primary residence, excluding the EAV of property used for commercial purposes or rented for more than 6 months.
 - If you previously received this exemption and now reside in a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veteran's Affairs, you are still eligible to receive the SHEVD provided your property is occupied by your spouse; or remains unoccupied during the assessment year.
- C. **Surviving Spouse.**
- An un-remarried surviving spouse of a disabled veteran may continue to receive the SHEVD on his or her spouse's homestead property or transfer the SHEVD to a new primary residence, provided that the SHEVD had previously been granted to the veteran. Contact the Kane County Assessment Office for more information.
 - Beginning in the tax year 2015, an un-remarried surviving spouse of a veteran killed in the line of duty is eligible for the SHEVD on his/her primary residence, even if the veteran did not previously qualify or obtain the SHEVD. The surviving spouse can transfer the SHEVD to another primary residence after the veteran's original primary residence is sold. An un-remarried surviving spouse must occupy and hold legal or beneficial title to the primary residence in the assessment year. Contact the Kane County Assessment Office for more information.
- D. **Application.** State law requires that an application *must be made each year* the taxpayer remains eligible and should be filed with the Kane County Assessment Office by the owner of record.
- E. **Restrictions.** A taxpayer claims an exemption under 35 ILCS 200/15/165 (Veterans' with Disabilities Homestead Exemption) or 35 ILCS 200/15-168 (Homestead Exemption for Persons with Disabilities) may not claim this exemption.
- F. **Exemption Amount.** Under 35 ILCS 200/15-169, qualified taxpayers are permitted an exemption that will remove:
- All EAV from the property (before taxes are calculated) for a veteran with at least a 70% overall combined service-connected disability rating.
 - \$5,000 of EAV from the property (before taxes are calculated) for a veteran with a 50%-69% overall combined service-connected disability rating.
 - \$2,500 of EAV from the property (before taxes are calculated) for a veteran with a 30%-49% overall combined service-connected disability rating.



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The Kane County Assessment Office remains closed to public visitors. For the safety of staff and persons doing business with the office, no documents will be accepted in person. All document submissions MUST be sent either

- By U.S. Mail;
- By private courier; or
- By fax to (630) 208-3824

Section 2: Property Identification (please print)

Owner/Taxpayer Name(s): _____ Parcel No. _____ - _____ - _____ - _____

Mailing Address: _____ Property Address: _____

Mailing City, State, ZIP: _____ Property City, State, ZIP: _____

Daytime Telephone: _____ I have owned and occupied this property since _____ month/day/year.

Do you own any other real estate anywhere in the United States?

- Yes; the address of the real estate is _____
If yes, you must provide a copy of the most recent property tax bill for each property.
- No; this is the only property I/we own.

During the current assessment year, were you a resident of a facility licensed under the Nursing Home Care Act or operated by the U.S. Department of Veteran's Affairs?

- Yes; name and address of the facility is _____.
- No.

Section 3: Oath (Select one)

I have qualified for this homestead exemption on this property in a prior year, **AND** a Disability Certification Letter containing the overall combined rating percentage and effective date from the U.S. Department of Veterans' Affairs for the current assessment year is attached.

To request a verification letter that specifies your percentage of "service-connected disability rating" and effective date, Call the U.S. Department of Veterans' Affairs at 1 800 827-1000 or, go online to your Veteran's E-benefit account at ebenefits.va.gov. Any other rating is not valid.

I am a first-time applicant or I am applying on a new residence for the first time. I attest to the fact that the above address is my principal residence, and I am the owner of record during all or a portion of the assessment year. I am an Illinois resident and I have served in the United States Armed Forces, the Illinois National Guard, or Reserve Forces, and have received an honorable discharge. I have a service-connected disability of at least 30%. In support of this initial application, I hereby supply:

- A Department of Defense DD Form 214, certified by the county recorder or Illinois Department of Veterans' Affairs
- AND
- A Disability Certification Letter containing the rating percentage and effective date as for the year you're applying for from the U.S. Department of Veterans' Affairs for the current assessment year. Unemployability can no longer be included in the overall or combined rating.

Applicant's signature Date

Official use. Do not write in this space.

Documentation: DD Form 214 Disability Certification Letter with effective date _____

Percentage of disability _____

Assessed value under \$250,000? Yes No

Approved: Yes

No; Reason for denial _____ By _____