

**ROCK ISLAND COUNTY
Supervisor of Assessments
1504 Third Avenue
Rock Island, Illinois 61201
Phone (309) 558-3660**

Dear Senior Taxpayer,

This is your 2021 application for the Senior Citizen Assessment Freeze Homestead Exemption. Please take this opportunity to file this form for the 2021 (taxes payable 2022) assessment year. **Remember that "HOUSEHOLD INCOME" includes you, your spouse, and all other persons who used your residence as a principal dwelling place on January 1, 2021.**

Please note:

- **This Freeze form no longer needs to be notarized!!**
- To qualify for the Senior Freeze, at least one of the owners of your household must be 65 or older by December 31, 2021 AND you have "household income" no greater than \$65,000 in 2020.
- If your 2020 income is greater than \$65,000, you may disregard this form. If your income in a subsequent year meets the income requirements, you may apply at that time.

Both your county assessment office and the local township office are happy to assist you with this application. If you would like assistance, please bring your IRS Federal Tax Return with you when applying for this exemption. If you or another member of the household is not required to file a federal tax return, then you MUST provide a copy of your SSA-1099 and all 1099 forms for annuities, 401Ks, other pensions, interest income, rental income, life insurance dividends, etc.

The County Assessment Office staff will be available to assist you during our normal business hours (8:00 a.m. and 4:30 p.m., Monday through Friday). Our office information is listed above.

Your township assessment office is also available to assist you. Their contact information is provided above. Please contact the township for their office hours.

You may also complete this application on your own, and mail or bring the form in person, at one of the offices as listed above.

The deadline for filing this application is July 1, 2021.

Application for Senior Citizens Assessment Freeze Homestead Exemption for 2021

Last date to apply: _____

Part 1: Complete the following information Please type or print

<p>1. _____ Last Name of Applicant First Name Initial</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City State Zip</p>	<p>Date of Birth _____ / _____ / _____ Month Day Year</p> <p>Telephone (_____) _____</p> <p>_____</p> <p>Township</p> <p>_____</p> <p>PIN Number (located on your tax bill or assessment notice or by calling the assessment office at (309) 558-3660.)</p> <p>_____</p> <p>Email Address</p>																
<p>2. _____ Property Address</p> <p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>_____</p> <p>_____</p>																
<p>3. Name of Spouse _____ Address _____ Date of Birth _____</p>																	
<p>4. On January 1, 2021, 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.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 30%; text-align: center;">First and Last Name</th> <th style="width: 15%; text-align: center;">Relationship to Applicant</th> <th style="width: 10%; text-align: center;">Date of Birth</th> </tr> </thead> <tbody> <tr> <td>4a</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4b</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4c</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			First and Last Name	Relationship to Applicant	Date of Birth	4a	_____	_____	_____	4b	_____	_____	_____	4c	_____	_____	_____
	First and Last Name	Relationship to Applicant	Date of Birth														
4a	_____	_____	_____														
4b	_____	_____	_____														
4c	_____	_____	_____														

Part 2: Complete the 2020 yearly income information for the entire household:

You must include the income of you, your spouse, and all other individuals who live in your household.

1. Social Security and SSI benefits. Include Medicare deductions in this total (household total)	1. _____ / _____
2. Railroad Retirement benefits. Include Medicare deductions in this total (household total)	2. _____ / _____
3. Civil Service benefits (household total)	3. _____ / _____
4. Annuities, federally taxable pensions and retirement plan distributions (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. Interest and Dividends received- both taxable and non-taxable (household total)	7. _____ / _____
8. Net rental, farm, and business income or (loss). See instructions for Line 8 (household total)	8. _____ / _____
9. Net capital gain or (loss). See instructions for Line 9 (household total)	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, Schedule 1, Line 22.	
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 2020. If this amount is greater than \$65,000 , you do not qualify for this exemption.	13. _____ / _____

Do not write in

Income Verified _____ Yes _____ No

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

1. On January 1, 2020 **and** January 1, 2021 (both must apply), the property listed in Part 1, Line 1, is a permanent structure that was: *(Mark the statement that applies)*
 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,
Name of Licensed Facility _____
Address _____ Date entering facility _____
2. On January 1, 2020 **and** January 1, 2021 (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.# _____) **or**
 I had a 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 2021, either: *(Mark the statement that applies)*
 I am or will be 65 years of age or older, **or**
 My spouse, who died in 2021, would have been age 65 or older
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, 2021.

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 Rock Island County Supervisor of Assessments may conduct an audit to verify that I am eligible to receive this exemption.

X

Signature of applicant is **required**

Date

Mail your completed form to:
Rock Island County Chief County Assessment Officer
1504 3rd Avenue
Rock Island, IL 61201

Last date to apply: _____
If you have any questions, please call:
(309) 558-3660

PLEASE NOTE: You may also qualify for the real estate tax deferral under the Senior Citizens Real Estate Tax Deferral Act (320 ILCS 30-1). For further information on the Senior Citizens Real Estate Tax Deferral, or an application for the tax deferral, contact the ROCK ISLAND COUNTY TREASURER at (309)558-3510, or by writing to: LOUISA EWERT, TREASURER, 1504 THIRD AVENUE, ROCK ISLAND, IL, 61201.

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 2021 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 of age or older during 2021; 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 Rock Island County Recorder*); and
- Use the property as your principal residence on both January 1, 2020 and January 1, 2021; and
- Have a total household income of \$65,000 or less in 2020; and
- Were liable for the payment of property taxes.

SPECIAL SITUATIONS:

- *If your spouse died in 2021 and would have qualified for the exemption in 2021, and you meet all requirements except the age requirement, you are eligible for this exemption in 2021.*
- *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, 2021, 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, babysitting, 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 from work
- 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
- 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 2020 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 1, 2021**. 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 Rock Island County Assessment Office at (309) 558-3660.

Step by Step Instructions for Filing this Form

Part 1: Complete the following information

Application Data –Type or print your name, address, date of birth, phone number, and email address.

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, 2021. Attach an additional sheet if necessary.

Part 2: Complete the 2020 income information for the entire household

“Income” for this exemption means 2020 federal adjusted gross income, **plus** certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, 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 2020 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 on Form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits). 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 is already included in the amount in box 3 of Form SSA-1099.*

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–Annuities and other Retirement Income 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 pensions, IRAs, and IRAs converted to Roth IRAs (shown on US 1040, Line 4b). 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

02–blind

03–disabled

04 and 06– temporary assistance to needy families (TANF)

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 US 1040, Schedule 1, Lines 3, 5, and 6. **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 2020, as allowed on US 1040, Line 6 and US 1040 Schedule 1, Line 4. **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 US 1040, Schedule 1, Line 22. For example:

- 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 \$65,000, **you do not qualify for this exemption.**

Part 3: Complete this affidavit

Lines 1 through 5–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:

Rock Island County Assessment Office

1504 3rd Avenue

Rock Island, IL 61201

(309) 558-3660