

# PTAX-343-A

## Physician's Statement for Disabled Persons' Homestead Exemption

### Read this first

To qualify for the Disabled Persons' Homestead Exemption (DPHE), 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 physicians' costs.

### Step 1: Applicant - Complete the following information

1 \_\_\_\_\_  
Property owner's name

\_\_\_\_\_  
Street address of homestead property

\_\_\_\_\_  
City IL ZIP

(\_\_\_\_\_) \_\_\_\_\_  
Daytime phone

2 Write the assessment year for which you are requesting the DPHE: \_\_\_\_\_  
Year

3 Write the property index number (PIN) of the property for which you are filing this form. Your PIN can be found on your property tax bill or you may obtain it from your Cook County Assessor's Office (CCAO). If you are unable to obtain your PIN, write the legal description on Line b.

a PIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b Attach a separate sheet if needed.

### Step 2: Physician - Complete the following information

#### Part A: Patient information - Please print.

The patient must meet the total 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 Patient's name: \_\_\_\_\_

5 Date patient became disabled \_\_\_\_/\_\_\_\_/\_\_\_\_

6 Can the patient do the same type of work as prior to their disability? Yes  No

6a Was the patient able to work for a living after this date? Yes  No

7 Has the disability lasted or is it expected to continue for 12 months or more? Yes  No

8 Check all major body systems, disorders, and diseases of the patients disability:

- |   |  |
|---|--|
| <input type="checkbox"/> 1.00 Musculoskeletal           | <input type="checkbox"/> 8.00 Skin                                   |
| <input type="checkbox"/> 2.00 Special Senses and Speech | <input type="checkbox"/> 9.00 Endocrine                              |
| <input type="checkbox"/> 3.00 Respiratory               | <input type="checkbox"/> 10.00 Impairments that Affect Multiple Body |
| <input type="checkbox"/> 4.00 Cardiovascular            | <input type="checkbox"/> 11.00 Neurological                          |
| <input type="checkbox"/> 5.00 Digestive                 | <input type="checkbox"/> 12.00 Mental                                |
| <input type="checkbox"/> 6.00 Genitourinary             | <input type="checkbox"/> 13.00 Malignant Neoplastic                  |
| <input type="checkbox"/> 7.00 Hematological             | <input type="checkbox"/> 14.00 Immune                                |

9 What is the nature of the disability: \_\_\_\_\_

#### Part B: Physician information

10 Name: \_\_\_\_\_

11 Your Illinois physician's license number issued by the Illinois Department of Financial and Professional Regulations: 036 - \_\_\_\_\_

#### 12 Sign below:

I have examined this patient and based on the Social Security Administration's criteria for disability, I state that the information contained in Step 2 is true, correct and complete to the best of my knowledge.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# General Information

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## What is considered proof of disability?

- 1 A Class 2 Illinois Disabled Person 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.
- 5 If you are unable to provide proof of your disability as listed above, you must submit Form PTAX 343-A, Physician's Statement for Disabled Persons' Homestead Exemption, to your Chief County Assessment Officer (CCAO). Step 2 must be completed by a physician licensed by the state of Illinois. You will be responsible for any costs incurred for your examination by any physician.

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

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

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

Cook County Assessor's Office  
118 North Clark - 3rd Floor  
Chicago, Illinois 60602

If you have any questions, please call: (312) 443-7550

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Official use. Do not write in this space.

Date received: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_