

CTA Portion of the Real Property Transfer Tax Refund Application

Section 3-33-060(O) of the Municipal Code includes a refund provision for the CTA portion of the Real Property Transfer Tax for transfers valued at \$250,000.00 or less to transferees who are age 65 years or older and will occupy the property as the principal dwelling place for at least one year following the transfer. Application for refund must be received by the Chicago Department of Finance - Tax Division within three years following the transfer.

Applicant Information

This section should be completed by the seller, or in cases in which the incidence of the tax falls on the buyer through operation of law, completed by the buyer.

Name: _____

Current Address: _____

Sale Property Address: _____

Daytime Phone: () - _____

Refund Eligibility Verification

→ The property transfer price is \$250,000.00 or less substantiated by one of the following forms of documentation:

- 1. City of Chicago Real Property Transfer Declaration Form.....
- 2. Legal instrument of transfer.....
- 3. Other: _____

→ The buyer at the time of transfer is 65 years of age or older substantiated by one of the following forms of identification:

- 1. Government Issued Personal Identification Card – Photo ID: _____
- 2. Medicare Card:
- 3. Proof of Age Affidavit (Letter):.....
- 4. Other: _____

→ The buyer agrees to occupy the residence as his or her primary place of residence for at least one year following the transfer. Signature below is indication that the buyer agrees to this condition:

Buyer's Signature: _____ Date: _____



Refund Amount

Qualified applicants are entitled to a refund in the amount of the CTA portion of the Real Property Transfer Tax paid. In no event should this refund extend to any amount paid for the City of Chicago portion of the Real Property Transfer Tax paid.

From the City of Chicago Real Property Transfer Declaration Form, enter the CTA portion of the Real Property Transfer Tax paid as reported on page 4, line 7, column B

| |
|----|
| \$ |
|----|

Under penalty of perjury, I certify that the information contained in this application and the attached supporting documents are true and correct.

Signature

Print Name Date

For Use by authorized staff only:

| | |
|--------------------------------|----------------------------------|
| Application received by: _____ | Application received date: _____ |
| Application approved by: _____ | Application approved date: _____ |



Chicago Department of Finance – Tax Division
DePaul Center, 333 South State Street, Room 300, Chicago, Illinois 60604
Phone: (312) 745-0457 Email: ctasr@cityofchicago.org