Property Tax Assessment Freeze Program
Certificate of Rehabilitation Application

PART 3
Summary of Eligible Rehabilitation Expenses

Mail with Part 3 form to: Rev. 1/19

State Historic Preservation Office
Tax Incentives
Department of Natural Resources
1 Old State Capitol Plaza
Springfield, IL 62701

1. Property information Property name (if applicable) _____

Street Address _____

City _____ County _____ Zip _____

2. Owner

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that these expenses were incurred on the certified historic property.

Name _____

Signature _____ Date _____

Street _____ City _____ Zip _____

Phone _____ Email _____

3. Expense tabulation

Copies of receipts, invoices signed as "paid" by the vendor, canceled checks, lien waivers, credit-card statements, etc. that verify expenditures were made, not just incurred, must be submitted with this form. Use as many sheets as are necessary, or submit your own spreadsheet, as long as it contains the same information asked for here.

Date	Payee	Description of Expenditure	Payment Method	Amount
			TOTAL	$ 0.00