# Property Tax Assessment Freeze Program

Certificate of Rehabilitation Application

## PART 3
## Summary of Eligible Rehabilitation Expenses

Submit with Part 3 via: Rev. 6/20

https://filet.illinois.gov/filet/PIMupload.asp and designate the recipient as SHPO.Freeze@illinois.gov

**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**

Scans 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 or your own spreadsheet, as long as it contains the same information asked for here.

| Date | Payee | Description of Expenditure | Payment Method | Amount |
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| | | | **TOTAL** | $ 0.00 |