ILLINOIS **Property Tax Assessment Freeze Program**

Certificate of Rehabilitation Application

Rev. 1/23

PART 3

Summary of Eligible Rehabilitation Expenses

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
			l	
			TOTAL	