



Property Tax Assessment Freeze Program

03/25

Illinois Department of Natural Resources

PART 3—FOR CONDOMINIUM UNITS Request for a Certificate of Rehabilitation

1. **Property information** _____

2. **Condominium unit information**

A. _____

B. Unit number _____

3. **Project contact** (if different from Owner)

_____ Organization _____

4. **Owner(s)** All unit owners must complete and sign this form.

The undersigned hereby apply for a Certificate of Rehabilitation for the condominium unit named above for the purposes of the Revenue Act of 1939, as amended. I attest that the information I have provided throughout the application is correct, to the best of my knowledge, and that the condominium unit named above is my principal residence.

I further attest that: (**must select and complete one of the following options**)

I own/co-own the condominium unit named above.

The condominium unit named above is owned by _____ Trust,
and I am one of its beneficiaries.

Name _____ Name _____

Signature _____ Date _____ Signature _____ Date _____

Email _____ Email _____