



# Sangamon County Board of Review

## Supervisor of Assessments

200 South Ninth Street

Springfield, IL 62701

Telephone 217-753-6805 Fax 217-535-3143

[www.sangamonil.gov](http://www.sangamonil.gov)

### Application for Homestead Improvement Exemption

Parcel Number: 14-22.0-427-017

Class Code: 40

Tax Code: 09B

Acres: .00

Property Address: 1613 N 13TH ST

SPRINGFIELD IL 62702

County: SANGAMON

Township: CAPITAL

Owner Name: SANGAMON INNOVATIONS LLC

Mailing Address: 3701 WABASH AVE

SPRINGFIELD IL 62711-6261

1. A Homestead Improvement Exemption in the amount of \$75,000 maximum reduction from the actual value of real property hereinafter described is requested on the grounds that the requirements of 35 ILCS 200/15-180, hereinafter more particularly set forth.
2. The undersigned states that the above described real property is occupied by the undersigned, that it is owned and used exclusively by the undersigned for a residential purpose, and that no part of such property is rented or leased to any other person.
3. The undersigned understands that a Homestead Improvement Exemption will continue for not more than 4 Years from the date that the improvement is completed and occupied.

#### The Owner must complete the following eligibility information

Did you rebuild a residential structure following a catastrophic event? YES / NO (Circle One)

If YES, list the date of its occurrence \_\_\_\_\_ and date the property was re-occupied \_\_\_\_\_

Describe the resulting damage or loss of property \_\_\_\_\_

\_\_\_\_\_

If NO, list the date it was completed and occupied \_\_\_\_\_ Project Cost: \$ \_\_\_\_\_

Describe the type of improvement \_\_\_\_\_

\_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

#### Township Office Use Only

Assessment before new improvement \_\_\_\_\_ Year \_\_\_\_\_

Assessment after new improvement \_\_\_\_\_ Year \_\_\_\_\_

Amount of assessment increase due to new improvement \_\_\_\_\_

Township Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### County Office Use Only

Date entered into system \_\_\_\_\_ Entered by \_\_\_\_\_