



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

Application for Homestead Improvement Exemption

Parcel Number: 15-17.0-400-043

Property Address:

Class Code: 95

Tax Code: G05

Acres: 18.98

County: SANGAMON

Township: CLEARLAKE

Owner Name: HOSPITAL SISTERS HEALTH SYSTEM

Mailing Address: % LEGAL DEPARTMENT

4936 LAVERNA RD

SPRINGFIELD IL 62707-9797

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 _____