



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 Senior Citizen Homestead 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

A Senior Citizen Homestead Exemption in the amount of \$5,000 Maximum reduction from the valuation, as equalized by the Department of Revenue, of the Real Property hereinafter described is requested on the grounds that the requirements of 35 ILCS 200/15-170, relative to the Senior Citizen Exemption have been met as hereinafter more particularly set forth. A copy of my current photo ID (drivers license or state issued photo ID) is attached.

1. On January 1 did you occupy this property as a principal residence? YES / NO (Circle One)

If NO, Write the date you first occupied this property _____

2. The undersigned states that he(she) is 65 years of age or older, having been born on _____ and that the above described Real Property is occupied as a residence by the undersigned.

Medicare or

Soc Sec Nbr _____

Spouses Name _____

Phone Number _____

Spouses Birthdate _____

3. The undersigned also states that he (she) is liable for paying Real Estate Taxes on the above described Real Property and is an Owner of Record of said Real Property or has legal or equitable interest in said Real Property (other than leasehold interest) as evidenced by a written instrument, a copy of which is attached and which is identified as follows:

Document Type _____

Document Recording # _____

Document Date _____

4. The undersigned also states that no other application for Senior Citizen Homestead Exemption has been or will be filed by him (her) on any other Real Property in Illinois or elsewhere.

Owner _____

Signature

Owner Address _____

Owner Email Address _____

Date 9/05/25