

Parcel Number: 14-34.0-406-010

Owner Address \_\_\_\_\_

11/04/25

Owner Email Address \_\_\_

Date

Class Code: 95

Tax Code: 091 Acres: .51

## 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

Property Address: 801 S 11TH ST

Township: CAPITAL

County: SANGAMON

SPRINGFIELD IL 62704

## Application for Senior Citizen Homestead Exemption

	ner Name: VISIONS 1908 INC g Address: 2532 PORTSMOUTH CIR SPRINGFIELD IL 62703-4453
equalize hat the	or Citizen Homestead Exemption in the amount of \$5,000 Maximum reduction from the valuation, as ed by the Department of Revenue, of the Real Property hereinafter described is requested on the grounds requirements of 35 ILCS 200/15-170, relative to the Senior Citizen Exemption have been met as hereinafter articularly set forth. A copy of my current photo ID (drivers license or state issued photo ID) is attached.
١.	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
1.	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
	Signatura