



COOK COUNTY ASSESSOR'S OFFICE
CLASS 9 AFFIDAVIT 2018

Control Number

Date: _____

(Note: Please Complete a Separate Affidavit For Each Control Number)

Instructions

1. Complete and return this Annual Affidavit to the Cook County Assessor's Office before *August 31, 2018*
2. Submit One Class 9 Affidavit per Control Number
3. Return all pages of this Annual Affidavit
4. Make sure you Notarize pages 4 and 9 of this Affidavit

Parcel Information

Building Address: _____

Building City: _____

Building Zip Code: _____

Parcel Index Number (PIN): _____

(Note Please List Additional PIN(s) on Page 10)

A. Qualification Statement

**** Note: (Do Not Complete Section A. {Qualification Statement} below Until You Have Finished The Remainder Of The Affidavit). ****

**This Property: Is Qualified: _____ / Is Not Qualified: _____
(Check One) in Tax Year 2018 for the Class 9 Classification**

C. Warning

1. Failure to file this notarized affidavit may result in the termination of Class 9 status on your property.
2. If terminated, you will be liable for the difference in the tax amount on the property without the Class 9 designation and the taxes actually collected for the single term during which the property was assessed with the Class 9 designation.

D. Affidavit Statement

I as owner or agent of the subject property, swear that the following is true and correct:

1. The subject property is in substantial compliance with applicable building, safety and health codes. If the property was found not to be in substantial compliance with applicable building, safety and health codes since the last annual affidavit was filed on the property then I have attached copies of such outstanding building safety or health code violations as well as documentation from the relevant government agency to confirm that a subsequent inspection confirmed the property is in substantial compliance with the applicable building, safety and health codes.
2. There are _____ **Total Rental Units** for this Control Number (Do Not include Rental Units from different control numbers).

There are _____ **Class 9 Designated Rental Units** (Do Not include Class 9 Designated Rental Units from different control numbers).

2a. Do the following math (use information from question #2 above):

_____ Total Class 9 Designated Rental Units

Divided by

_____ Total Rental Units

Equals _____%

Which is Above: _____ or Below: _____ (Check One) the 35% Threshold.

If you selected “Below” the threshold, you are not qualified for the Class 9 program. **Go back to Section A and Check “Is Not Qualified.”**

2b. All Tenants in Class 9 Designated Rental Units {See Page 8} (Check One):

You are Collecting At or Below the Class 9 Affordable Rents _____

Or

You are Collecting Above the Class 9 Affordable Rents _____

If you Checked: **“You are Collecting Above the Class 9 Affordable Rents”**, you are not qualified for the Class 9 Program. Go back to **Section A** and Check **“Is Not Qualified.”**

2c. All Tenants in Class 9 Designated Rental Units (Check One):

Have household income At or Below the Class 9 Income Limit _____

Or

Have household Income Exceeding the Class 9 Income Limit _____

If you Checked: **“Have household income Exceeding the Class 9 Income Limit** you are not qualified for the Class 9 Program. Go back to **Section A** and Check **“Is Not Qualified.”**

2d. List total Number of Residential Units: _____
List total Residential Square Feet: _____
List total Commercial Units: _____
List total Commercial Square Feet: _____
List total Building Square Feet: _____

2f. **If you have Checked all of the following: 2A., (Above 35% Threshold), 2B., and 2C. (At or Below and Is Qualified), Go to Section A and Check Is Qualified on page 1**

3. I have obtained **CLASS 9 CERTIFICATION OF TENANT HOUSEHOLD INCOME FORMS** for each designated Class 9 unit and such forms will be **Retained By The Owner** for the entire period that the subject property is eligible and receives the Class 9 designation. Said certifications will be made available to members of the Cook County Assessor’s Office for inspection and review upon request. (See Page 6)

4. **If applicable, attached is documentation verifying Section 8 Housing Assistance for those Section 8 Units which qualify as Class 9 Units during the year in question.**

5. During the Calendar Year In Question, I delivered or mailed written notice of the current permissible Class 9 Affordable Rental Levels and Income Levels to those tenants occupying the units subject to Class 9 Affordable Rents. **Attached is one copy of a typical notice.** (See Page 7)

6. There **has:** _____ / **has not:** _____ **(Check One)** been a change in the ownership of the subject property since it qualified for the Class 9 Incentive.* If there has been a change in ownership, complete Exhibit B. (See Page 11)

Having examined this affidavit, _____ states that he/she is
(Your Name above)

The owner of the subject property, or **authorized agent of the owner** of the subject property, and states under oath that the information stated above true, complete, and accurate to the best of my knowledge under penalties of perjury.

Name of Current Owner or authorized agent*

Title:

Signature of the Current Owner or authorized agent*

Date:

Street Address:

City / State / Zip Code plus 4

Telephone Number: _____ - _____ - _____

E-Mail Address: _____

Note: If title to the property is held in trust, or by a corporation or partnership, this Affidavit must be signed by a beneficiary, officer, and or general partner.

Subscribed before me this _____ day of _____ 20 _____

_____ My commission expires on _____

Notary

Return Completed Forms to:

Cook County Assessor's Office
Attention: Incentives Department
Class 9 Affidavit
118 North Clark Street
Room 301
Chicago, Illinois 60602

COOK COUNTY ASSESSOR'S OFFICE
CLASS 9 AFFIDAVIT 2018

Class 9 Tenant Household Income Information Sheet on Income Declarations

What is included in the household income?

Income that must be included in your total household income:

- Wages, salaries, and tips,
- Net business income,
- Interest, and Dividends,
- Social Security income, including lump sum payments,
- Payments from insurance policies, annuities, pensions, disability benefits and other types of periodic payments,
- Unemployment and worker's compensation and severance pay,
- Alimony, child support, and other regular monetary contributions,
- Public assistance,

What is not included in the household income?

Income you should not include in your total household income:

- Earning of children under age 18,
- Temporary income such as cash gifts,
- Reimbursements for medical expense,
- Lump sum distributions from inheritance, insurance payments, settlements for personal or property losses,
- Scholarships,
- Foster Child Support,
- Receipts from government – funded training programs,
- Earned income tax credit payments,

**TO BE RETAINED BY THE OWNER / AGENT
CLASS 9 CERTIFICATION OF TENANT HOUSEHOLD INCOME 2018**

Your apartment is a unit under the Cook County Assessor's Office Class 9 Affordable Housing Tax Incentive Program. Class 9 units must be occupied by households whose incomes are within the limits set by the Class 9 Program. The income limits vary by the number of persons in the household. In order to qualify for the Class 9 incentive, the owner or manager of the building must collect a completed and signed certification of household income each year from each Class 9 unit. The information will be treated as confidential by the Cook County Assessor's Office and will not be disclosed to the public. The information submitted to the Cook County Assessor's Office may be used for verification of other data submitted to the Cook County Assessor's Office.

Address of Building: _____ Unit Number: _____

Date lease begins: _____ Date lease ends: _____

List person in household and attach an additional sheet , if necessary.

Name	Source of Income*
_____	_____
_____	_____
_____	_____
_____	_____

** Some income sources should NOT be included in your Total Household Income. Please refer to the attached Class 9 Tenant Household Income Information Sheet On Income Declarations list so that you will know what to include and exclude.*

Total Number of Persons in my household: _____

Total Household Income: \$ _____

I declare and certify under penalty of perjury that the foregoing is true, correct and complete. I consent to and authorize the disclosure of the information above to the Cook County Assessor's Office and consent to and authorize it use for verification purposes.

_____ day of _____, 20 ____

Signature of Tenant

Signature of Owner

**COOK COUNTY ASSESSOR'S OFFICE
2018 CLASS 9 AFFIDAVIT**

SAMPLE NOTICE TO TENANTS FROM OWNERS

Dear (tenant):

Once a year, we are required to notify you of the rent limits under the Cook County Assessor's Office Class 9 Affordable Housing Tax Incentive Program. The purpose of this notice is to inform you of the new maximum rent levels so you will know that your rent is within the allowable limits.

Attached is the Cook County Assessor's Office Class 9 Rent Schedule showing the maximum gross rents and allowance for utilities. Your gross rent is your monthly rent plus the allowance for any utilities paid directly by you.

This notice is for your information and will not affect your rent.

If you have any questions, please contact *(insert the name of the landlord or building manager)*.

**(Note: The above Sample Notice Should be Placed on Your
Official Letter Head and submitted to the Assessor's
Office)**

CLASS 9 RENT AND TENANT INCOME SCHEDULE
EFFECTIVE APRIL 2018

At least 35% of the apartments in a building having the Class 9 Incentive must be leased to low and moderate income households at affordable rents, The Class 9 allowable month rents and tenants household are listed below.

CLASS 9 ALLOWABLE MONTHLY RENTS

<u>Size of Unit</u>	<u>Class 9 Rents</u>
Single Room Occupancy (SRO)	\$659
0 Bedroom	\$879
1 Bedroom	\$1,014
2 Bedroom	\$1,180
3 Bedroom	\$1,501
4 Bedroom	\$1,794

UTILITY ALLOWANCES FOR LIGHTING AND GAS COOKING

Monthly utility allowance for electrical lighting and cooking gas are as follows:

<u>Size of Unit</u>	<u>Class 9 Rents</u>
0 Bedroom	\$33
1 Bedroom	\$42
2 Bedroom	\$51
3 Bedroom	\$60
4 Bedroom	\$74

INCOME LIMITS

Income limits have historically been defined as “low-income” by United States Department of Housing and Urban Development (HUD), at 80% of the MSA median income.

<u>Number in Household</u>	<u>Class 9 Income Limit</u>
1	\$47,400
2	\$54,200
3	\$60,950
4	\$67,700
5	\$73,150
6	\$78,550



Control Number

INCENTIVES CLASS LIVING WAGE ORDINANCE AFFIDAVIT 2018

_____ as **owner / agent** for the applicant set forth below, who is seeking a classification incentive as referenced below, I do hereby state under oath as follows:

- 1. As the agent for the applicant set forth below, I have personal knowledge as to the facts stated herein.
- 2. The property identified by PIN(s) with commonly known address(es), listed in Exhibit A attached and herein incorporated, are/is the subject of a pending application/renewal (*circle as appropriate*) for one of the following development incentives provided by the Code of Ordinances of Cook County, Chapter 74, Article II, Division 2, The Cook County Real Property Assessment Classification Ordinance, Sec.74-60 et seq., as amended:

_____ Class 6b _____ Class 8 (*industrial property*) _____ Class 9

3. **In the Box above please indicate the Control Number that the Cook County Assessor’s Office has issued regarding this parcel for your Annual Affidavit**

4. I have reviewed the Code of Ordinances of Cook County, Chapter 34, Article IV, Division 1 and The Cook County Living Wage Ordinance, Sec. 34-127 et seq., as amended (the “Ordinance”), and certify that the applicant is in compliance with the above referenced Cook County Living Wage Ordinance, due to one of the following options (check as appropriate):

_____ Applicant is currently paying a living wage to its employees, as defined in the Ordinance.

OR

_____ Applicant is not required to pay a living wage, pursuant to the Ordinance.

Further affiant sayeth not.

Agent’s Signature

Agent’s Name & Title

Agent’s Mailing Address

Agent’s Telephone Number

Applicant’s Name

Applicant’s Mailing Address

Applicant’s e-mail address

Subscribed and sworn before me this _____ day of _____, 20_____

Signature of Notary Public

Exhibit B

2018

Control Number

CLASS 9 CONTACT INFORMATION SHEET

Please make any necessary corrections / additions to the section below.

CORRECTIONS / ADDITIONS

Property Address: _____

Owner(s): _____

Owner(s): Address: _____

Owner(s) City, State, and Zip plus 4: _____

Contact: _____

Contact Address: _____

Contact City, State, and Zip plus 4: _____

Contact Telephone Number: _____

Contact E-mail Address: _____

Change of Ownership Information

Date Executed _____ Date Recorded: _____ Document Number: _____

(All information may be found in the Deed)

Purchaser: _____

Address: _____

City: _____ State: _____ Zip Code *(plus 4)*: _____ - _____

Phone Number(s): _____

E-mail address: _____