



Control Number

**CLASS 9**  
**APPLICATION FOR 10-YEAR RENEWAL**

Please review the Class Eligibility Bulletin, with careful attention to the section regarding renewal of Class 9 status, before completing this Application. A separate application must be filed for each building. For assistance in preparing this Application, an applicant may contact the Assessor's Office, Development Incentives Department, (312) 603-7529. This application requires **a filing fee of \$500.00. This fee needs to be payable to the Cook County Assessor's Office.** Supporting documentation described herein must be submitted with the application.

**I. IDENTIFICATION OF INTERESTED PARTIES**

A. Owner(s)/Prospective Owner(s)\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

*\*NOTE: If the title to the property is held in or will be held in trust or by a corporation or a partnership, attach additional pages with the names, address, and telephone numbers of all the trust beneficiaries, corporate officers and/or general partners.*

B. Contact Person

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**II. IDENTIFICATION OF SUBJECT PROPERTY**

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Index Numbers (PIN): \_\_\_\_\_

\_\_\_\_\_

(Note: If you have additional PINs, please

Township: \_\_\_\_\_

**III. DESCRIPTION OF THE PROPERTY**

Gross area of the building by square feet: \_\_\_\_\_

Number of existing dwelling by units in building: \_\_\_\_\_

Number of occupied dwelling units in this building: \_\_\_\_\_

If this building has uses other than residential, describe such uses and the approximate square footage for each use:

\_\_\_\_\_  
\_\_\_\_\_

**IV. Qualification Statement Section**

**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**

**B. 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.

**C. 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 11} (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.” On Page 2.

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.” On Page 2.

- 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 2**
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 9)
4. **If any tenants or units participate in other government programs that have rent and/or income limitations, such as Section 8, the applicate must submit documentation from the applicable government agency confirming such participation.**
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 8)
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 15)

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**

## V. REQUIRED DOCUMENTATION

1. Documentation from appropriate municipal agency that the property is in compliance with all applicable local building, safety, health codes and requirements and is fit for occupancy. (e.g. Certificate of Occupancy/Certificate of Inspection).
2. Photographs of the interior and exterior of the building.
3. Submit Class 9 Rental Information/Tenant Household Income Report Form. This form must be signed and notarized. (Class 9 Rental Information/Household Income Report Form is attached).(See Page 12)
4. For each designated Class 9 unit, the applicant must obtain a Class 9 Certification of Tenant Household Income. The applicant must retain these documents for the entire period the property is eligible and receives the Class 9 designation. Also, the applicant must make such documents available for inspection and review by members of the Assessor's Office upon request. **Do not submit Class 9 Certification of Tenant Household Income with this renewal application** (Class 9 Tenant Household Income is attached {See Page 9}).
5. The applicant must provide an annual written notice to Class 9 tenants of the maximum rents allowable under the Class 9 program and provide Assessor with an example of that written notice (sample notice To Tenants From Owners attached/maximum rents are published in the Class 9 Eligibility Bulletin {See Page 8}).
6. **If any tenants or units participate in other government programs that have rent and/or income limitations, such as Section 8, the applicant must submit documentation from the applicable government agency confirming such participation.**
7. Applicant must provide an affidavit to confirm compliance with the COOK COUNTY LIVING WAGE ORDINANCE as approved and amended by the Board of Cook County Commissioners. (See Page 13)

**VI. COOK COUNTY LIVING WAGE ORDINANCE, AS AMENDED BY THE BOARD OF COOK COUNTY COMMISSIONERS**

Mark the appropriate blank below to indicate which statement applies to the applicant

\_\_\_\_ Applicant is a for-profit person or business entity as described in the above referenced Cook County Living Wage Ordinance and acknowledges that it must provide a copy of the attached affidavit stipulating that it pays a Living Wage prior to receiving renewal of the Class 9 Incentive of the subject

\_\_\_\_ Applicant is not a for-profit person or business entity as described in the Cook County Living Ordinance.

*(http://cookcountyassessor.com, under the Forms Tab and download forms)*

**VII. STIPULATION PURSUANT TO SECTION 2 OF THE REAL ESTATE ASSESSMENT CLASSIFICATION ORDINANCE**

In return from receiving the Class 9 Incentive classification from the subject property, the undersigned, or any successor in the interest in the subject property, fails to comply with the requirement that, during the ten-year extension period of the Incentive, at least 35% of the dwelling units of the subject property be leased to tenants at rents which do not exceed the applicable Class 9 affordable rent levels, and that said units are and will be leased to low-and moderate-income households, the Class 9 classification shall be deemed null and void from its inception as to the subject property, and that the undersigned shall be personally liable for and shall reimburse to the County Collector an amount equal to the difference, if any, in the amount of taxes that would have been collected had the subject property been assessed without the Class 9 classification and the amount of the taxes been billed and collected upon the subject property for the period during which it was being assessed with the Class 9 classification. Failure of the undersigned to make such a reimbursement to the County Collector shall not constitute a lien upon the subject property but shall constitute a personal liability which may be enforced against the owners.

Further, the undersigned certifies that he/she has read this application and that the statements set forth in this application and in the attachments hereto are true and correct, except as to those matters stated to be on information and belief and as to such matters the undersigned certified that he/she believes the same to be true.

_____	_____
Name of Owner*	Title
_____	_____
Signature of Owner(s)	Date

*\*Note: If the title to the property is held in trust or by a corporation or a partnership, this Class 9 Application for 10-Year Renewal must be signed by a beneficiary, officer or general partner.*

Subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary

My commission expires on: \_\_\_\_\_



**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR 10-YEAR RENEWAL**

**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 Stationery and Submitted To The Assessor's Office.)**

**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR 10-YEAR RENEWAL**

**CLASS 9 CERTIFICATION OF TENANT HOUSEHOLD INCOME**

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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**  
**APPLICATION FOR 10-YEAR RENEWAL**

*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,

**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR 10-YEAR RENEWAL**

**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

## COOK COUNTY ASSESSOR'S OFFICE APPLICATION FOR 10-YEAR RENEWAL

Control # \_\_\_\_\_

### CLASS 9 RENTAL INFORMATION /TENANT HOUSEHOLD INCOME REPORT FORM

Page \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Permanent Number(s)

\_\_\_\_\_  
Tenant Paid Utilities

**You must complete items (1) through (9) for all dwelling units, Class 9 and non-Class 9 units.  
Complete items (10) and (11) for only those dwelling units designated Class 9.  
Make additional copies of this page if necessary.**

(1) Unit #	(2) Class 9 Unit Yes / No	(3) Name of Tenant	(4) No. of BR's	(5) Lease Term	(6) <sup>a</sup> Contract Rent	(7) <sup>b</sup> Utility Allowance	(8) <sup>c</sup> Gross Rent	(9) Section 8 Yes / No	(10) # Persons in household	(11) <sup>d</sup> Household Income

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ ,

20\_\_\_\_\_  
Name of Owner (Authorized Agent/Representative)

\_\_\_\_\_  
Title

\_\_\_\_\_  
My commission expires on:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

(6)<sup>a</sup> ..... Contract rent per month (rent paid by tenant plus any tenant and/or unit based government subsidy); (7)<sup>b</sup> Monthly allowance for applicable utilities paid by tenant (except telephone)  
(8)<sup>c</sup> ..... Gross Rent is contract rent plus any applicable utility allowance; (11)<sup>d</sup> Monthly household income



Control Number

**INCENTIVES CLASS LIVING WAGE ORDINANCE AFFIDAVIT**

\_\_\_\_\_ as 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 our Application for 10 Year Renewal**
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: