



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

Control Number

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 Numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. 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).
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).
5. The applicant must provide 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).
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.

**V. 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)*

**VI. 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)*.

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

**CLASS 9 CERTIFICATION OF TENANT HOUSEHOLD INCOME**

---

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

**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 2016*

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)	\$645
0 Bedroom	\$860
1 Bedroom	\$1,001
2 Bedroom	\$1,176
3 Bedroom	\$1,494
4 Bedroom	\$1,780

**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	\$43,050
2	\$49,200
3	\$55,350
4	\$61,500
5	\$66,450
6	\$71,350

**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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

(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





---

**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. The Cook County Assessor's Office has issued the following **control number** regarding this application/renewal (*circle as appropriate*), \_\_\_\_\_.
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

