TRIENNIAL REPORT AFFIDAVIT FOR INCENTIVE PROPERTIES

Date: ____________  Control #: ______________

As the recipient of a Class 6, 7, 8, C or L property(s), you are now required to file specific information with the Cook County Assessor’s Office. **Failure to file a completed, original affidavit with the correct information by the required deadline can result in the loss of your Incentive.**

Complete this affidavit, have your signature notarized, list the Permanent Index Number(s) of each parcel of your property receiving an Incentive, and return this affidavit to the Cook County Assessor’s Office by **November 17, 2017**.

List the **Permanent Index Number(s)** of each parcel of your Class 6, 7, 8, C or L property below:

*Use additional paper if necessary*

1. __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __
2. __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __ - __

*If your answer to any of the following questions 1, 2, 3 or 4 is YES you must complete the appropriate section(s) of the Incentive Information Sheet.*

Please answer the following questions:

1. **Was there a change of use** since this property qualified for the tax incentive?  **YES ____ NO ____**
2. **Was there a change of ownership** of the property in the last year?  **YES ____ NO ____**
3. **Was there a change of occupancy (tenancy)** of the property in the last year?  **YES ____ NO ____**
4. **Is the property over 50% vacant?**  **YES ____ NO ____**
5. **Total Building Square Feet:** __________
6. **Address of the property receiving the Incentive:**

____________________________________

____________________________________

For Owner Occupied properties complete the following information (if property is leased, complete the included **Tenant Roll for Leased Incentive Properties form**). **Non-industrial use of a Class 6B property could result in the removal of the Incentive.** Use extra paper if necessary.

**Owner Name:** _________________________________________________________________

**Property Use (detailed):** _______________________________________________________

**Owner Occupied Square Feet:** ____________

**Employees:**  **Full Time:** ____________  **Part Time:** ____________
INCENTIVE INFORMATION SHEET

To be completed if you answered “YES” to any questions 1 through 4 on page 1 of this affidavit.

1. Change of Use:

If any, please provide detailed description below (use another sheet if more space is needed):

________________________________________________________________________

________________________________________________________________________

2. Change of Ownership:

Buyer: __________________________________________

Address: __________________________________________

________________________________________________________________________

Date of Transfer: ________________________________

Note: Submit evidence of transfer (Deed, Closing Statement...)

3. Change of Occupancy (tenancy):

If any, please describe below:

________________________________________________________________________

________________________________________________________________________

Date of Change: ________________________________

Reason for Change: ________________________________

4. Is Property over 50% Vacant?:

If YES – Since When: ___________________________  Percentage of Vacancy: _________

(Continuous substantial vacancy could result in the interruption of the Incentive)
TENANT ROLL
FOR LEASED INCENTIVE PROPERTIES
(Must be completed if property is leased)

Complete detailed description of each occupant’s use - submit captioned photos supporting usage
(Attach additional sheets, if necessary)

1. SF/LEASED  TENANT

PROPERTY USE (Commercial/Industrial): __________________________
Detailed Description: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. SF/LEASED  TENANT

PROPERTY USE (Commercial/Industrial): __________________________
Detailed Description: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. SF/LEASED  TENANT

PROPERTY USE (Commercial/Industrial): __________________________
Detailed Description: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

4. SF/LEASED  TENANT

PROPERTY USE (Commercial/Industrial): __________________________
Detailed Description: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Contact Information Sheet

*** IMPORTANT - Return this sheet with Annual Affidavit ***

Please provide as much information as possible.

CONTACT INFORMATION:

Applicant Name: __________________________________

Property Address: ________________________________

Contact Person: ________________________________

Contact Company: ______________________________

Contact Address: ________________________________

Contact Telephone Number: ______________________

Contact Email Address: __________________________
Under oath, I state that I have accurately listed all of my property receiving a Class L, 6, 7, C, or 8 Incentive by Permanent Index Number(s) on this affidavit and that all information is true, complete and correct.

Owner: ____________________________________________
(Print name)

Representative (if not owner): __________________________
(Print name)

Owner/Representative Address: __________________________

City: __________________ State: _________ Zip: ______________

Phone: (______) ______________________

Email: ____________________________________________

I, the undersigned, certify that I have read this Affidavit and the statements set forth in this Affidavit and the attachments hereto are true and correct. Except as those matters stated to be on information and belief and as to such matters the undersigned certifies that he/she believes the same to be true.

__________________________________ ______________________
Signature Date

__________________________________
Title

Subscribed and sworn to, before me this ______ day
of __________ 20 ______.

__________________________________
Notary Public

RETURN TO:
Fritz Kaegi
Cook County Assessor
ATTN: Incentive Department
118 N. Clark Street
Room 301
Chicago, Illinois 60602