ANNUAL AFFIDAVIT FOR CLASS 6B SUSTAINABLE EMERGENCY RELIEF (SER) PROPERTIES

Date: ________________  Control #: ________________

As the owner of Class 6B SER property(s), you are required to file specific information with 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 Class 6B SER status.

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 September 7, 2018.

List the Permanent Index Number(s) of each parcel of your Class 6B (SER) property below:
(Use additional paper if necessary)

1. __-__-__-__-__-__-__-__-__-__
2. __-__-__-__-__-__-__-__-__-__
3. __-__-__-__-__-__-__-__-__-__
4. __-__-__-__-__-__-__-__-__-__

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 during past year? YES ______ NO ______
3. Was there a change of occupancy (tenancy) of the property during past year? YES ______ NO ______
4. Is the property vacant? (>50% vacant) YES ______ NO ______
5. Is the property in substantial compliance with all applicable local building, safety, and health codes and requirements? (If no, complete #5 on Incentive Information Sheet) YES ______ NO ______
6. List number of employees: Full Time ________ Part Time __________

If the property is owner occupied complete the following information (leased properties see Tenant Roll for Incentive Properties). (Attach additional pages, if necessary)

Owner Name: ____________________________________________________________

Property Use (detailed): ________________________________________________

Building Square Feet: _________________________________________________

Property Address: __________________________ City: ______________________
INCENTIVE INFORMATION SHEET - CLASS 6B (SER)

To be completed if you answered “YES” to either of questions 1 through 5 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:
(If change in ownership the Incentive will be removed)

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 Vacant? (>50% vacant)

If YES - Since When: __________  Percentage of Vacancy: __________
(Continuous substantial vacancy could result in the interruption of the Incentive)

5. Is the property in substantial compliance with all applicable local building, safety, and health codes and requirements?

If NO, submit violation citation/documentation and cure/compliance documentation.
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:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

(Attach separate sheet if necessary)
Contact Information Sheet

*** IMPORTANT - Return this sheet with Tri-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 6B (SER) 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)

Street Address: _______________________________________________________

City: ___________________________  State: _______________________________

Phone: (______ ) _________________

Email address: _______________________________________________________

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