



2020 Tax Abatement Program – APPLICATION

Taxpayer Information

Property Owner Name: _____ Vendor # _____

Mailing Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Phone# _____ E-mail address: _____

Property Identification (Rental Property)

Property Address _____

City: _____ State: _____ Zip Code: _____

Specify Property Township: _____

Permanent Index Number (PIN) _____

Total number of units at this property: _____

Total number of units at this property leased to HCV Program participants as of January 1, 2020: _____

Units leased _____ X \$50 = _____ (Check made payable to Housing Authority of Elgin)

There is an application fee of \$50 for each qualifying unit

Certification (Please sign in the presence of Notary Public)

I hereby certify, under penalty of perjury, the following:

- I am the legal owner of the property for which I am applying for tax abatement; and
- At least one unit was leased to an HCV Program participant on January 1, 2020, excluding the property owner; and
- All HCV program units under contract at the above property followed the Housing Quality Standards (HQS) and local building codes on January 1, 2020; and
- All the information provided in this application is accurate to the best of my knowledge/belief and is not a misrepresentation of the facts.

Owner's Signature _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 2020

City/Village of _____ County of _____ State of _____

Signature _____ Commission Expiration _____

