COOK COUNTY ASSESSOR FRITZ KAEGI



COOK COUNTY ASSESSOR'S OFFICE 118 NORTH CLARK STREET, CHICAGO, IL 60602 PHONE: 312.603-4137 FAX: 312.603.6584 WWW.COOKCOUNTYASSESSOR.COM

CLASS S AFFIDAVIT FOR INCENTIVE PROPERTIES

Control #	
-----------	--

As the owner of Class S property, you are now required to file an annual affidavit with the Cook County Assessor's Office. We are also requesting a copy of your current/non-expired U.S. Department of Housing and <u>Urban Development project based Section 8 Renewal Contract for Mark-Up-To-Market Project.</u>

Please complete the affidavit, and list the Permanent Index Number(s) participating in the program. The deadline for returning the affidavit is July 31st, 2019.

	• •			
	ilure to file a completed, original affidavit with the correct information by the required deadline can result the loss of your Class S status.			
Ple	ease answer the following questions:			
1.	Was there a change of use since this property qualified for the Class S incentive? YES NO			
2.	Was there a change of ownership , or occupancy during last 3 years? YES NO			
	If your answer to either of the above questions is YES, you <u>must</u> also complete the appropriate section(s) of the <u>Incentive Information Sheet</u> (<i>on reverse</i>).			
3.	Address of the property receiving Class S:			
4.	Complete the following information, identifying the occupant(s) of the property by name, detailed description of the use(s) of the property, total square footage being used by each occupant, and total number of employees as of January 1 st (Attach additional pages, if necessary)			
	Occupant's Name:			
	Property Use:			
	Building's Square Footage: Number of Units:			
	Employees: Full Time: Part Time:			
	List the Permanent Index Number(s) of each parcel			
	of your Class S property below: (Use additional paper if necessary)			
	1 5			
	2 6			
	3 7 7 7			
	4 8			

INCENTIVE INFORMATION SHEET

1. Change of Use:			
If any, please describe below:			
2. Change of Ownership:			
Buyer:		 -	
Address:		 _	
		 _	
Date of Transfer:		 -	
te: Submit evidence of transfe	er		
3. Change of Occupancy:			
If any, please describe below:			
Date of Change:		 	
Reason for Change:		 	
4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
4. Is Property Vacant?			
If YES – Since When:			

COMPLETE THE FOLLOWING:

Owner:	
	Print name)
Representative (II not owner).	Print name)
Title:	
Street Address:	
City:	State:
Phone: ()	
Email address:	
attachments hereto are true and correct.	
Signature	Date
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

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: