

# Vacancy/Occupancy Affidavit

## Cook County Assessor's Office

2019 Appeal No: \_\_\_\_\_

}

I, \_\_\_\_\_, being first duly sworn, on oath depose and say that I am the owner/managing agent of the property located at \_\_\_\_\_ (PROPERTY INDEX NUMBER(S)) in \_\_\_\_\_, subject of the above complaint, and that I have (CITY) personal knowledge that the occupancy of the building(s) for the year \_\_\_\_\_ is as follows:

	Total Sq. Ft. of Commercial/Industrial Area Occupied *	Total Sq. Ft. of Commercial/Industrial Area Vacant *	Total Sq. Ft. of Commercial/Industrial Area *	Condos or Apartments (Please circle)		
				Total Number of Residential Condos/Apartments <u>Occupied</u>	Total Number of Residential Condo/Apartments <u>Vacant</u>	Total Number of Residential Condo/Apartments
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>Total</b>						

Total annual percent weighted vacancy of Industrial/commercial space

Total annual percent weighted vacancy of Residential condo/apartments

### \* Include Commercial condos here.

(Please check all boxes that apply)

- ☐ Photos of the vacant space are included with this appeal
- ☐ Attempts to lease the vacant space were made. \_\_\_\_\_  
(list all attempts made to lease vacant space)
- ☐ No attempts were made to lease the vacant space because: \_\_\_\_\_

**For vacancy appeals, the following information is needed: Three preceding years of actual historical income and expense information and a current year rent roll. Other relevant additional supporting documentation also may be attached to this affidavit.**

4. \_\_\_ Since the space in question became vacant there has been approximately  
\_\_\_\_\_ showings \_\_\_\_\_ inquires \_\_\_\_\_ offers

5. \_\_\_ If offer(s) failed to result in leasing the vacant space, the reason(s) were:

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6. For the preceding and calendar years vacancy factors were applied in excess of 15% by:

	2018	2017	2016
CCAO	____%	____%	____%
BOR	____%	____%	____%
BOTH	____%	____%	____%

Reason(s) for requested vacancy relief for taxyear 2019 (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input type="checkbox"/> Building Rehabilitation                   |
| <input type="checkbox"/> Initial Start-Up Occupancy        | <input type="checkbox"/> Conversion to Condominiums                |
| <input type="checkbox"/> Tenant Preparation or Build-out   | <input type="checkbox"/> Repair of Prior Tenant Damage             |
| <input type="checkbox"/> Fire, Flood, Natural Disaster     | <input type="checkbox"/> Alteration, Modification or Conversion    |
| <input type="checkbox"/> Modification of Original Plans    | <input type="checkbox"/> to New Use or Configuraton                |
| <input type="checkbox"/> Construction or Completion Delay  | <input type="checkbox"/> Building Code Compliance                  |
| <input type="checkbox"/> Zoning                            | <input type="checkbox"/> Governmental or Court Order               |
| <input type="checkbox"/> Plans and Permits                 | <input type="checkbox"/> Closure Notice or 'Red Tag'               |
| <input type="checkbox"/> Community Hearing(s) / Review     | <input type="checkbox"/> Structural, Mechanical, Electrical, Roof, |
| <input type="checkbox"/> Local Approval or Ordinance       | <input type="checkbox"/> Plumbing or HVAC Failure                  |
| <input type="checkbox"/> Financing                         | <input type="checkbox"/> Bankruptcy of Tenant(s)                   |
| <input type="checkbox"/> Final Inspection / Certificate of | <input type="checkbox"/> Loss of Major Tenant(s)                   |
| <input type="checkbox"/> Occupancy                         | <input type="checkbox"/> Physically Occupied with Rental           |
| <input type="checkbox"/> Eviction of Tenant(s)             | <input type="checkbox"/> Abatements                                |
| <input type="checkbox"/> Demolition                        | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Environmental Remediation         | _____  |

Subscribed and sworn before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

[Notary Seal or Stamp]

Further affiant sayeth not.

\_\_\_\_\_  
Affiant