



**CLASS 9  
INCENTIVE  
ELIGIBILITY APPLICATION  
Part II**

**Control Number**

**The Assessor's Office will not accept Part II unless it has received Part I of the application and subsequently issued the applicant a Control Number.**

The Class 9 Eligibility Application is comprised of two (2) parts and applicable filing fees. Part II is filed upon the completion of new construction or rehabilitation. As mentioned above: **The Assessor's Office will not accept Part II unless it has received Part I of the application and subsequently issued the applicant a control number.** In conjunction with the filing of Part II of the application, you must also file an Incentive Appeal Form requesting a change in the classification for the property. Please note that if the proposed Class 9 project involves multiple buildings, you must provide a separate Class 9 Eligibility Application (Part I and Part II) for each of that proposed project. For assistance in preparing this Application, an applicant may contact the Assessor's Office, 312-603-6914 or 312-603-4137.

**The Class 9 Incentive will not be approved until all requested documents and information are provided and incentive appeal form received by the Cook County Assessor.**

***Applicant Information***

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email information: \_\_\_\_\_

**\*Note:** *If title to the property is held or will be held in trust or by a corporation or a partnership, attach additional pages with the names, addresses and telephone numbers of all of the trust beneficiaries, corporate officers and/or general partners.*

***Contact Person (if different from the Applicant)***

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email information: \_\_\_\_\_

**Property Description** (per Permanent Index Number {PIN})

**If you are applying for more than three different PINs, please submit the additional PIN information in an attachment.**

Street Address: (1) \_\_\_\_\_

Permanent Index Number: \_\_\_\_\_

(2) \_\_\_\_\_

Permanent Index Number: \_\_\_\_\_

(3) \_\_\_\_\_

Permanent Index Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_

***Basis for Incentive***

Indicate whether the basis for the Class 9 Incentive is new construction or major rehabilitation.

(Circle One)      ***NEW CONSTRUCTION***                      ***MAJOR REHABILITATION***

If the basis for the incentive is new construction, skip the next section and proceed directly to the Proposed Dates and Projected Costs.

***Description of Property After New Construction or Rehabilitation***

Gross area of the building in square feet: \_\_\_\_\_ s/f

Gross living area of the building in square feet: \_\_\_\_\_ s/f

Number of dwelling units in building: \_\_\_\_\_

Number of dwelling units in building designated as Senior Housing: \_\_\_\_\_

Number of dwelling units in building designated as Section 8 Housing: \_ \_\_\_\_\_

Number of dwelling units in building designated as Class 9 Rentals: \_\_\_\_\_

If building has used other than residential, describe such uses and the approximate square footage of each use:

\_\_\_\_\_  
\_\_\_\_\_

**Post Construction / Rehabilitation Dates & Costs**

Actual date new construction or rehabilitation commenced: \_\_\_\_\_

Actual date new construction or rehabilitation completed: \_\_\_\_\_

Total cost of the dollars spent for new construction/rehabilitation of the project: \_\_\_\_\_

**Major Rehabilitation Cost Per System or Components**

If the basis for the incentive is new construction, skip this Section. If the basis for the incentive is major rehabilitation, list the building systems or components that were rehabilitated as required by the Class 9 Eligibility Bulletin. Include the total cost and the cost per square foot for each system.

<i>System/Component</i>	<i>Total Cost</i>	<i>Cost/SF</i>

*If more space is needed for additional System or Components, please list them on a separate sheet of paper. Be sure to include attachment when filing this application.*

## I. REQUIRED DOCUMENTATION

**The documents referenced in item number five (5) below do not need to be included with the application; however, it does need to be available for inspection.**

1. If the basis for the incentive is rehabilitation, the applicant must submit proof of rehabilitation cost including copies of building permits and contractor's sworn affidavits, notarized.
2. The applicant must submit documentation from appropriate municipal agency that the property is in compliance with all applicable local building, safety, health codes and requirements and is fit for occupancy. (e.g. Certificate of Occupancy/Certificate of Inspection).
3. The applicant must submit photographs of the interior and exterior of the building after the completion of new construction or major rehabilitation.
4. The applicant must submit Class 9 Rental Information/Tenant Household Income Report Form. **This form must be signed and notarized.** (Class 9 Rental Information/Household Income Report Form is attached).
5. For each designated Class 9 unit, the applicant must obtain a Class 9 Certification of Tenant Household Income. The applicant must retain these documents for the entire period the property is eligible and receives the Class 9 designation. Also, the applicant must make such documents available for inspection and review by members of the Assessor's Office upon request. Do not submit Class 9 Certification of Tenant Household Income with this renewal application (Class 9 Tenant Household Income is attached).
6. The applicant must provide written notice to Class 9 tenants of the maximum rents allowable under the Class 9 program and provide Assessor with an example of that written notice (sample notice To Tenants From Owners attached/maximum rents are published in the Class 9 Eligibility Bulletin).
7. If any tenants or units participate in other government programs that have rent and/or income limitations, such as Section 8, the applicant must submit documentation from the applicable government agency confirming such participation.
8. Applicant must provide an affidavit to confirm compliance with the COOK COUNTY LIVING WAGE ORDINANCE as approved and amended by the Board of Cook County Commissioners.

**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR CLASS 9 INCENTIVE PART II**

**SAMPLE NOTICE TO TENANTS FROM OWNERS**

Dear (tenant):

Once a year, we are required to notify you of the rent limits under the Cook County Assessor's Office Class 9 Affordable Housing Tax Incentive Program. The purpose of this notice is to inform you of the new maximum rent levels so you will know that your rent is within the allowable limits.

Attached is the Cook County Assessor's Office Class 9 Incentive Rent Schedule showing the maximum gross rents and allowance for utilities. Your gross rent is your monthly rent plus the allowance for any utilities paid directly by you.

This notice is for your information and will not affect your rent.

If you have any questions, please contact *(insert the name of the landlord or building manager)*.

*(Note: The Above Sample Notice Should Be Placed On Your Official Stationery and submitted to the Cook County Assessor's Office.)*

**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR CLASS 9 INCENTIVE PART II**

**CLASS 9 INCENTIVE CERTIFICATION OF TENANT HOUSEHOLD INCOME**

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Your apartment is a unit under the Cook County Assessor's Office Class 9 Affordable Housing Tax Incentive Program. Class 9 units must be occupied by households whose incomes are within the limits set by the Class 9 Program. The income limits vary by the number of persons in the household. In order to qualify for the Class 9 Incentive, the owner or manager of the building must collect a completed and signed certification of household income each year from each Class 9 unit. The information will be treated as confidential by the Cook County Assessor's Office and will not be disclosed to the public. The information submitted to the Cook County Assessor's Office may be used for verification of other data submitted to the Cook County Assessor's Office.

Address of Building: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Date lease begins: \_\_\_\_\_ Date lease ends: \_\_\_\_\_

List person in household and attach an additional sheet , if necessary.

Name	Source of Income*
_____	_____
_____	_____
_____	_____
_____	_____

*\* Some income sources should NOT be included in your Total Household Income. Please refer to the attached Class 9 Tenant Household Income Information Sheet On Income Declarations list so that you will know what to include and exclude.*

Total Number of Persons in my household: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

I declare and certify under penalty of perjury that the foregoing is true, correct and complete. I consent to and authorize the disclosure of the information above to the Cook County Assessor's Office and consent to and authorize it use for verification purposes.

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

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Signature of Owner

# **COOK COUNTY ASSESSOR'S OFFICE APPLICATION FOR CLASS 9 INCENTIVE PART II**

## *Class 9 Incentive Tenant Household Income Information Sheet on Income Declarations*

### **What is included in the household income?**

Income that must be included in your total household income:

- Wages, salaries, and tips,
- Net business income,
- Interest, and Dividends,
- Social Security income, including lump sum payments,
- Payments from insurance policies, annuities, pensions, disability benefits and other types of periodic payments,
- Unemployment and worker's compensation and severance pay,
- Alimony, child support, and other regular monetary contributions,
- Public assistance,

### **What is not included in the household income?**

Income you should not include in your total household income:

- Earning of children under age 18,
- Temporary income such as cash gifts,
- Reimbursements for medical expense,
- Lump sum distributions from inheritance, insurance payments, settlements for personal or property losses,
- Scholarships,
- Foster Child Support,
- Receipts from government – funded training programs,
- Earned income tax credit payments,

**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR CLASS 9 INCENTIVE PART II**

**CLASS 9 INCENTIVE RENT AND TENANT  
INCOME SCHEDULE**

*EFFECTIVE JUNE 2023*

At least 35% of the apartments in a building having the Class 9 Incentive must be leased to low and moderate income households at affordable rents, The Class 9 allowable month rents and tenants household are listed below.

**CLASS 9 ALLOWABLE MONTHLY RENTS**

<u>Size of Unit</u>	<u>Class 9 Rents</u>
Single Room Occupancy (SRO)	\$869
0 Bedroom	\$1,158
1 Bedroom	\$1,255
2 Bedroom	\$1,440
3 Bedroom	\$1,827
4 Bedroom	\$2,172

**UTILITY ALLOWANCES FOR LIGHTING AND GAS COOKING**

Monthly utility allowance for electrical lighting and cooking gas are as follows:

<u>Size of Unit</u>	<u>Class 9 Rents</u>
0 Bedroom	\$33
1 Bedroom	\$42
2 Bedroom	\$51
3 Bedroom	\$60
4 Bedroom	\$74

**INCOME LIMITS**

Income limits have historically been defined as “low-income” by United States Department of Housing and Urban Development (HUD), at 80% of the MSA median income.

<u>Number in Household</u>	<u>Class 9 Income Limit</u>
1	\$61,800
2	\$70,600
3	\$79,450
4	\$88,250
5	\$95,350
6	\$102,400



**COOK COUNTY ASSESSOR'S OFFICE  
APPLICATION FOR CLASS 9 INCENTIVE PART II**

Control # \_\_\_\_\_

**CLASS 9 INCENTIVE RENTAL INFORMATION /TENANT HOUSEHOLD INCOME REPORT FORM** Page \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Permanent Number(s)

\_\_\_\_\_  
Tenant Paid Utilities

**You must complete items (1) through (9) for all dwelling units, Class 9 and non-Class 9 units.  
Complete items (10) and (11) for only those dwelling units designated Class 9.  
Make additional copies of this page if necessary.**

(1) Unit #	(2) Class 9 Unit Yes / No	(3) Name of Tenant	(4) No. of BR's	(5) Lease Term	(6) <sup>a</sup> Contract Rent	(7) <sup>b</sup> Utility Allowance	(8) <sup>c</sup> Gross Rent	(9) Section 8 Yes / No	(10) # Persons in household	(11) <sup>d</sup> Household Income

\_\_\_\_\_  
Name of Owner (Authorized Agent/Representative)

\_\_\_\_\_  
Title

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ My commission expires on:

Notary

(6)<sup>a</sup> ..... Contract rent per month (rent paid by tenant plus any tenant and/or unit based government subsidy); (7)<sup>b</sup> Monthly allowance for applicable utilities paid by tenant (except telephone)  
(8)<sup>c</sup> ..... Gross Rent is contract rent plus any applicable utility allowance; (11)<sup>d</sup> Monthly household income



Control Number

**INCENTIVES CLASS LIVING WAGE ORDINANCE AFFIDAVIT**

\_\_\_\_\_ as agent for the applicant set forth below, who is seeking a classification incentive as referenced below, I do hereby state under oath as follows:

1. As the agent for the applicant set forth below, I have personal knowledge as to the facts stated herein.
2. The property identified by PIN(s) with commonly known address(es), listed in Exhibit A attached and herein incorporated, are/is the subject of a pending application/renewal (*circle as appropriate*) for one of the following development incentives provided by the Code of Ordinances of Cook County, Chapter 74, Article II, Division 2, The Cook County Real Property Assessment Classification Ordinance, Sec.74-60 et seq., as amended:

\_\_\_ Class 6b    \_\_\_ Class 8 (*industrial property*)    \_\_\_ Class 9

3. **In the Box above please indicate the Control Number that the Cook County Assessor's Office has issued regarding this parcel for our Part II submittal.** \_\_\_ .

4. I have reviewed the Code of Ordinances of Cook County, Chapter 34, Article IV, Division 1 and The Cook County Living Wage Ordinance, Sec. 34-127 et seq., as amended (the "Ordinance"), and certify that the applicant is in compliance with the above referenced Cook County Living Wage Ordinance, due to one of the following options (check as appropriate):

\_\_\_ Applicant is currently paying a living wage to its employees, as defined in the Ordinance.

OR

\_\_\_ Applicant is not required to pay a living wage, pursuant to the Ordinance.

Further affiant sayeth not.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent's Name & Title

\_\_\_\_\_  
Agent's Mailing Address

\_\_\_\_\_  
Agent's Telephone Number

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Mailing Address

\_\_\_\_\_  
Applicant's e-mail address

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_

\_\_\_\_\_  
Signature of Notary Public

# EXHIBIT A

*(Please type or Print)*

**PIN(s)**

**Common Address**
