

COOK COUNTY ASSESSOR'S OFFICE 118 NORTH CLARK STREET, CHICAGO, IL 60602 PHONE: 312.443.7550 FAX: 312.603.6584 WWW.COOKCOUNTYASSESSOR.COM

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 <u>March 12, 2021</u>.

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

 1.

 2.

 4.

If your answer to any of the following questions 1, 2, 3 or 4 is YES you <u>must</u> 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 (<i>tenancy</i>) 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? (<i>If no, complete #5 on Incentive Information Sheet</i>)	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 (<u>detailed</u>):	
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):

•	Change of Ownership: (If change in ownership the Incentive will be removed)	
	Buyer:	
	Address:	
	Date of Transfer:	
10	te: Submit evidence of transfer (Deed, Closing Statement)
5.	Change of Occupancy (tenancy):	
	If any, please describe below:	
	Date of Change:	
	Date of Change: Reason for Change:	
١.		

 If <u>YES</u> - 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 <u>NO</u>, submit violation citation/documentation and cure/compliance documentation.

COOK COUNTY ASSESSOR FRITZ KAEGI



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TENANT ROLL FOR LEASED INCENTIVE PROPERTIES

(Must be completed if property is leased)

Complete <u>detailed description</u> of each occupant's use - submit <u>captioned photos</u> supporting usage (Attach additional sheets, if necessary)

1.	<u>SF/LEASED</u>	<u>TENANT</u>
<u>PR</u>	<u>OPERTY_USE (Commercial/Industrial)</u> : _	
Det	tailed Description:	
2.	<u>SF/LEASED</u>	<u>TENANT</u>
	<u>OPERTY_USE (Commercial/Industrial)</u> :	
De	tailed Description:	
3.	<u>SF/LEASED</u>	<u>TENANT</u>
	<u>OPERTY_USE (Commercial/Industrial)</u> : _	
Dei	tailed Description:	
4.	<u>SF/LEASED</u>	<u>TENANT</u>
<u>PR</u>	<u>OPERTY_USE (Commercial/Industrial)</u> :	
Det	tailed Description:	

(Attach separate sheet if necessary)

Under oath, I state that I have accurately listed all of my property receiving a Class 6B (SER) Incentive by **P**ermanent Index **N**umber(s) on this affidavit and that all information is true, complete and correct.

Owner:(Print name)	
Representative (if not owner):	
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	
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Date

Title

Subscribed and sworn to, before me this _____ day of _____ 20 ____.

Notary Public

RETURN TO:

Cook County Assessor Incentive Department/Jeanette Thomas 118 N. Clark Street Room 301 Chicago, Illinois 60602