



**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 **September 7, 2018**.

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

1. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

3. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

2. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

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):

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## 2. Change of Ownership:

*(If change in ownership the Incentive will be removed)*

Buyer: \_\_\_\_\_

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

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

**Note: Submit evidence of transfer (Deed, Closing Statement...)**

## 3. Change of Occupancy (tenancy):

If any, please describe below:

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Date of Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

## 4. Is Property Vacant? (>50% vacant)

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



**TENANT ROLL  
FOR LEASED INCENTIVE PROPERTIES**

(Must be completed if property is leased)

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

1. SF/LEASED

TENANT

\_\_\_\_\_

PROPERTY USE (Commercial/Industrial): \_\_\_\_\_

Detailed Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. SF/LEASED

TENANT

\_\_\_\_\_

PROPERTY USE (Commercial/Industrial): \_\_\_\_\_

Detailed Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. SF/LEASED

TENANT

\_\_\_\_\_

PROPERTY USE (Commercial/Industrial): \_\_\_\_\_

Detailed Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. SF/LEASED

TENANT

\_\_\_\_\_

PROPERTY USE (Commercial/Industrial): \_\_\_\_\_

Detailed Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach separate sheet if necessary)

# Contact Information Sheet

**\*\*\* IMPORTANT - Return this sheet with Tri-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: \_\_\_\_\_

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

Owner: \_\_\_\_\_  
(Print name)

Representative (if not owner): \_\_\_\_\_  
(Print name)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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**

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