



**CLASS 9**  
**ELIGIBILITY APPLICATION**  
**Part I**

**Control Number**

**THIS APPLICATION MUST BE FILED WITH THE COOK COUNTY ASSESSOR PRIOR TO THE COMMENCEMENT OF NEW CONSTRUCTION OR REHABILITATION ACTIVITIES.**

The Class 9 Eligibility Application is comprised of two (2) parts and applicable filing fees. Part I is filed prior to the commencement of new construction or rehabilitation. Upon receipt of Part I the Assessor's Office will issue a letter of acknowledgement containing a Control Number for the project. **Do not commence new construction or rehabilitation activity until you receive such acknowledgement and control number.** 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.

*Once the new construction or rehabilitation is completed, please contact this office for Part II of the application.* For assistance in preparing this Application, an applicant may contact the Assessor's Office, , at 312-603-6914 or 312-603-4137.

***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 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 Prior to Rehabilitation***

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

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

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

If building is vacant, estimate when it became vacant: \_\_\_\_\_

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

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

Include the following with this Application:

1. Copies of all code-violation citations for the building; and
2. Photographs of the interior and exterior of the building clearly illustrating the areas to be rehabilitated.

***Proposed Dates and Projected Costs***

Estimated date new construction or rehabilitation will commence: \_\_\_\_\_

Estimated date new construction or rehabilitation will be completed: \_\_\_\_\_

Proposed number of units upon completion: \_\_\_\_\_

Estimated cost of new construction/rehabilitation of systems indentified in Section VI below: \_\_\_\_\_

***Proposed Major Rehabilitation***

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 to be rehabilitated as required by the Class 9 Eligibility Bulletin. Include with this an estimate of 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.*

***Additional Documentation***

The following additional documentation may also be required if requested by the Assessor’s Office:

1. Copy of the loan commitment(s);
2. Copy of specifications, if available, describing the scope of work, including a narrative overview;
3. Current plat of survey;
4. Architectural plans or schematic drawings and blue prints;
5. Documentation of establish rental and or subsidy income produced by the property prior to new construction or rehabilitation; and/or

6. A narrative description of the planned new construction or rehabilitation.

***Cook County Living Wage Ordinance***

Applicant confirms that it has reviewed a copy of Chapter 34, Article IV, Division 1, of the **COOK COUNTY LIVING WAGE ORDINANCE**, Sec. 34-123, as amended.

Please mark the appropriate blank below to indicate which statement applies to the applicant:

\_\_\_\_ Applicant acknowledges that during the appeal process, it must provide an affidavit to the Cook County Assessor’s Office stipulating it is in compliance with the above Reference Living Wage Ordinance because applicant is currently paying a living wage to its employees.

OR

\_\_\_\_ Applicant acknowledges that during the appeal process, it must provide an affidavit to the Cook County Assessor’s Office stipulating it is in compliance with the above Reference Living Wage Ordinance because applicant is not required to pay living wage to its employees.

**The COOK COUNTY LIVING WAGE ORDINANCE**, Section 34-123, is available online at [www.municode](http://www.municode) and/or on the Cook County Clerk’s website at [www.cookctyclerk.com](http://www.cookctyclerk.com).

***Stipulation Pursuant to Section 2 of the Real Property Assessment Classification Ordinance***

In return for receiving the Class 9 incentive classification for the subject property, the undersigned owner(s) hereby stipulates and agrees that in the event the undersigned, or any successor in interest in the subject property, fails to comply with the requirement that during the ten-year incentive period at least 35% of the dwelling units of the subject property be leased to tenants at rents which do not exceed rents affordable to low- and moderate-income persons or households, the Class 9 classification shall be deemed null and void from its inception as to the subject property, and that the undersigned shall be personally liable for and shall reimburse to the Cook County Collector an amount equal to the difference, if any, in the amount of taxes that would have been collected had the subject property been assessed without the Class 9 classification and the amount of taxes actually billed and collected upon the subject property for the period during which it was being assessed with the Class 9 classification. Failure of the undersigned to make sure a reimbursement to the Cook County Collector shall not constitute an in personam liability which may be enforced against the owners.

Further, the undersigned certifies that he/she has read this Application and that the statements set forth in this Application and in the attachment hereto are true and correct, except as to those matters stated to be on information and belief and as to such matter the undersigned certifies that he/she believes the same to be true.

The undersigned further certifies that he/she has received and reviewed a copy of the **COOK COUNTY LIVING WAGE ORDINANCE**.

_____ Name of Owner(s)*	_____ Title
_____ Signature of Owner(s)*	_____ Date

**\*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.*