



**COOK COUNTY ASSESSOR'S OFFICE**  
**2020 CLASS 9 AFFIDAVIT**

Date: \_\_\_\_\_

Control Number: \_\_\_\_\_

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

**YOU ARE REQUIRED TO RETURN ALL PAGES OF THIS ANNUAL AFFIDAVIT**

As the owner of the Class 9 property designated by the above reference Cook County Assessor's Office Control Number, (here in after subject property) you are required to complete and return this annual affidavit to the Cook County Assessor's Office **ON OR BEFORE AUGUST 31, 2020.**

**FAILURE TO FILE THIS NOTARIZED AFFIDAVIT MAY RESULT IN THE TERMINATION OF CLASS 9 STATUS ON YOUR PROPERTY.**

**IF TERMINATED, YOU WILL BE LIABLE FOR THE DIFFERENCE IN THE TAX AMOUNT ON THE PROPERTY WITHOUT THE CLASS 9 DESIGNATION AND THE TAXES ACTUALLY COLLECTED FOR THE PERIOD DURING WHICH THE PROPERTY WAS ASSESSED WITH THE CLASS 9 DESIGNATION.**

I as owner or agent of the subject property, swear that the following is true and correct:

1. The subject property is in substantial compliance with applicable building, safety and health codes. If the property was found not to be in substantial compliance with applicable building, safety and health codes since the last annual affidavit was filed on the property. I have attached copies of such outstanding building safety or health code violations as well as documentation from the relevant government agency to confirm that a subsequent inspection confirmed the property is in substantial compliance with the applicable building, safety and health codes.
2. Attached is a complete **CLASS 9 RENTAL INFORMATION / TENANT HOUSEHOLD INCOME REPORT FORM** which lists all dwelling units within the building by apartment number and tenant, designates all Class 9 Units and indicate the number of bedrooms and rental rates as well as the terms for each unit, where appropriate for the year in question. In addition, it also lists the number of persons in the household and the income for said household.
3. I have obtained **CLASS 9 CERTIFICATION OF TENANT HOUSEHOLD INCOME FORMS** for each designated Class 9 unit and such forms will be retained for the entire period that the subject property is eligible and receives the Class 9 designation. Said certifications will be made available to members of the Cook County Assessor's Office for inspection and review upon request.

**COOK COUNTY ASSESSOR'S OFFICE**  
**2020 CLASS 9 AFFIDAVIT**

4. If applicable, attached is documentation verifying Section 8 Housing Assistance for those Section 8 units which qualify as Class 9 units during the year in question.
5. Rents for at least thirty-five percent (35%) of the units at the subject property have not, and will not exceed the applicable Class 9 Affordable Rents for the calendar year in question. (See enclosed Class 9 Rent and Tenant Income Schedule.) Or rents for at least thirty-five percent (35%) of the units at the subject property are for units occupied by households receiving housing assistance under Section 8 of the United State Housing Act of 1937 as amended.
6. Total household income for all Class 9 units at the subject property has not, and will not exceed the applicable Class 9 maximum income levels for the calendar year in question. (See enclosed Class 9 Rent and Tenant Income Schedule.)
7. During the calendar year in question, I delivered or mailed written notice of the current permissible Class 9 affordable rental levels and income levels to those tenants occupying the units subject to Class 9 affordable rents. Attached is one copy of a typical notice.
8. There (**has / has not**)<sup>\*</sup> been a change in the ownership of the subject property since it qualified for the Class 9 incentive.<sup>\*</sup>

Date Executed \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Document Number: \_\_\_\_\_

*(All information may be found in the Deed)*

Purchaser: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (*plus 4*): \_\_\_\_\_ - \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Note:** <sup>\*</sup>For Item Number 8, you must indicate which alternative is correct by placing a circle around the applicable portion. Attach recorded document(s) to this Affidavit.

**\*\***If you experience any vacancy of the subject property for the calendar year in question, please fill out the attached vacancy affidavit.

**COOK COUNTY ASSESSOR'S OFFICE  
2020 CLASS 9 AFFIDAVIT**

Having examined this affidavit, \_\_\_\_\_ states that he/she is the owner of the subject property, or authorized agent of the owner of the subject property, and states that the information stated above true, complete and accurate.

\_\_\_\_\_  
Name of Current Owner or authorized agent\*

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signature of the Current Owner or authorized agent\*

\_\_\_\_\_  
Date:

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

\_\_\_\_\_  
City / State / Zip Code plus 4

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Note:** If title to the property is held in trust, or is held by a corporation or partnership, this Affidavit must be signed by a beneficiary, officer, and or general partner.

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

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

Notary

**Return Completed Forms to:**

**Cook County Assessor's Office  
Attention: Incentives Department  
Class 9 Affidavit  
118 North Clark Street  
Room 301  
Chicago, Illinois 60602**

**COOK COUNTY ASSESSOR'S OFFICE  
2020 CLASS 9 AFFIDAVIT**

**CLASS 9 CONTACT INFORMATION SHEET**

**Please make any necessary corrections / additions to the section below.**

**CORRECTIONS / ADDITIONS**

**Property Address:** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_

**Owner(s) Address:** \_\_\_\_\_

**Owner(s) City, State, and Zip plus 4:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Contact City, State, and Zip plus 4:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Contact E-mail Address:** \_\_\_\_\_

# Vacancy/Occupancy Affidavit

## Cook County Assessor's Office

2020 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 \_\_\_\_\_ (CITY), subject of the above complaint, and that I have

personal knowledge that the occupancy of the building(s) for the year \_\_\_\_\_ is as follows:

Condos or Apartments (Please circle)

|              | Total Sq. Ft. of Commercial/Industrial Area Occupied* | Total Sq. Ft. of Commercial/Industrial Area Vacant | Total Sq. Ft. of Commercial/Industrial Area* | Total Number of Residential Condos/Apartments Occupied | Total Number of Residential Condo/Apartment Vacant | 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.**

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

Further affiant sayeth not.

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

\_\_\_\_\_  
Affiant

[Notary Seal or Stamp]

**COOK COUNTY ASSESSOR'S OFFICE  
2020 CLASS 9 AFFIDAVIT**

**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 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*).

**COOK COUNTY ASSESSOR'S OFFICE  
2020 CLASS 9 AFFIDAVIT**

**CLASS 9 CERTIFICATION OF TENANT HOUSEHOLD INCOME**

---

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**  
**2020 CLASS 9 AFFIDAVIT**

*Class 9 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  
2020 CLASS 9 AFFIDAVIT**

**CLASS 9 RENT AND TENANT INCOME SCHEDULE**

*EFFECTIVE APRIL 2020*

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) | \$717                |
| 0 Bedroom                   | \$956                |
| 1 Bedroom                   | \$1,076              |
| 2 Bedroom                   | \$1,248              |
| 3 Bedroom                   | \$1,585              |
| 4 Bedroom                   | \$1,888              |

**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                          | \$50,960                    |
| 2                          | \$58,240                    |
| 3                          | \$65,520                    |
| 4                          | \$72,800                    |
| 5                          | \$78,640                    |
| 6                          | \$84,480                    |

**COOK COUNTY ASSESSOR'S OFFICE  
2020 CLASS 9 AFFIDAVIT**

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

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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

(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



## 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. The Cook County Assessor's Office has issued the following **control number** regarding this application/renewal (*circle as appropriate*), \_\_\_\_\_.
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

