



**TRIENNIAL REPORT AFFIDAVIT FOR INCENTIVE PROPERTIES**

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

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

As the recipient of a Class 6, 7, 8, C or L property(s), you are now required to file specific information with the 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 Incentive.**

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 6, 7, 8, C or L 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 in the last year?      YES \_\_\_\_\_ NO \_\_\_\_\_
3. Was there a change of **occupancy** (*tenancy*) of the property in the last year?      YES \_\_\_\_\_ NO \_\_\_\_\_
4. Is the property **over 50% vacant**?      YES \_\_\_\_\_ NO \_\_\_\_\_
5. Total Building Square Feet: \_\_\_\_\_
6. Address of the property receiving the Incentive:  
\_\_\_\_\_  
\_\_\_\_\_

For Owner Occupied properties complete the following information (*if property is leased, complete the included **Tenant Roll for Leased Incentive Properties** form*). **Non-industrial use of a Class 6B property could result in the removal of the Incentive.** Use extra paper if necessary.

Owner Name: \_\_\_\_\_

Property Use (**detailed**): \_\_\_\_\_

Owner Occupied Square Feet: \_\_\_\_\_

Employees:                      Full Time: \_\_\_\_\_                      Part Time: \_\_\_\_\_

# INCENTIVE INFORMATION SHEET

To be completed if you answered "YES" to any questions 1 through 4 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:

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 over 50% Vacant?:

If YES – Since When: \_\_\_\_\_ Percentage of Vacancy: \_\_\_\_\_  
(Continuous substantial vacancy could result in the interruption of the Incentive)



**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 or Industrial): \_\_\_\_\_

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

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

2. SF/LEASED

TENANT

\_\_\_\_\_

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

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

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

3. SF/LEASED

TENANT

\_\_\_\_\_

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

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

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

4. SF/LEASED

TENANT

\_\_\_\_\_

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

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

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

Under oath, I state that I have accurately listed all of my property receiving a Class L, 6, 7,C, or 8 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)

Owner/Representative Address: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

*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**