



# 2017 APPLICATION

## HCV Tax Savings Program Application

INSTRUCTIONS: Complete entire application. Please print or type.

(When completed, keep a copy for your records.)

### 1. TAXPAYER INFORMATION

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 2. PROPERTY IDENTIFICATION

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

14 Digit Property Index Number (PIN) (required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you don't know your PIN, visit [rockfordtownshipassessor.net](http://rockfordtownshipassessor.net) or check your tax bill.

Description/Property Type (check one):  Detached House/Townhome/Condominium  Multi-Family Building

Total number of units at this address: \_\_\_\_\_ Total number of units leased to Program Participants on Jan 1, 2017: \_\_\_\_\_

### 3. CERTIFICATION

I hereby certify, under penalty of perjury, the following:

- I am the legal Owner of the property for which I am applying for tax abatement; and
- At least one rental unit was leased to a HCV Program Participant on January 1, 2017, excluding the Owner; and
- All HCV Program units at the above property were in compliance with Housing Quality Standards (HQS) and local building codes on January 1, 2017; and
- All of the information provided in this application is accurate and is not an attempt to intentionally misrepresent the facts in order to qualify for a monetary benefit.

Owner's Signature: \_\_\_\_\_ Date of Application \_\_\_\_\_

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2017 City of \_\_\_\_\_, County of \_\_\_\_\_, State of IL.

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

My commission expires on \_\_\_\_\_, 20\_\_\_\_

Please return original application by deadline date of December 15, 2017 to:

**RHA Housing Choice Voucher Program, 223 S. Winnebago St., Rockford, IL 61102**