



2025 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: _____

PARCEL ID Number (required): _____ - _____ - _____

If you don't know your PIN, visit 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, 2025: _____

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, 2025, 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, 2025; 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 _____, 2025 City of _____, County of _____, State of IL.

Notary Public

My commission expires on _____, 20____

Please return original application by deadline date of December 16, 2025 to:

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