



**ANNUAL AFFIDAVIT FOR
CLASS 6B SUSTAINABLE EMERGENCY RELIEF (SER) PROPERTIES**

Date: _____

Control #: _____

As the owner of **Class 6B SER** property(s), you are required to file specific information with 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 Class 6B SER status.**

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 **November 17, 2017**.

List the **Permanent Index Number(s)** of each parcel of your Class 6B (SER) 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 during past year? YES _____ NO _____
3. Was there a change of **occupancy** (*tenancy*) of the property during past year? YES _____ NO _____
4. Is the property vacant? (>50% vacant) YES _____ NO _____
5. Is the property in substantial compliance with all applicable local building, safety, and health codes and requirements? (*If no, complete #5 on Incentive Information Sheet*) YES _____ NO _____
6. List number of employees: Full Time _____ Part Time _____

If the property is owner occupied complete the following information (*leased properties see Tenant Roll for Incentive Properties*). (*Attach additional pages, if necessary*)

Owner Name: _____

Property Use (detailed): _____

Building Square Feet: _____

Property Address: _____ **City:** _____

INCENTIVE INFORMATION SHEET - CLASS 6B (SER)

To be completed if you answered "YES" to either of questions 1 through 5 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*):

2. Change of Ownership:

(If change in ownership the Incentive will be removed)

Buyer: _____

Address: _____

Date of Transfer: _____

Note: Submit evidence of transfer (*Deed, Closing Statement...*)

3. Change of Occupancy (tenancy):

If any, please describe below:

Date of Change: _____

Reason for Change: _____

4. Is Property Vacant? (>50% vacant)

If YES - Since When: _____ Percentage of Vacancy: _____
(Continuous substantial vacancy could result in the interruption of the Incentive)

5. Is the property in substantial compliance with all applicable local building, safety, and health codes and requirements?

If NO, submit violation citation/documentation and cure/compliance documentation.



**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/Industrial): _____

Detailed Description: _____

2. SF/LEASED

TENANT

PROPERTY USE (Commercial/Industrial): _____

Detailed Description: _____

3. SF/LEASED

TENANT

PROPERTY USE (Commercial/Industrial): _____

Detailed Description: _____

4. SF/LEASED

TENANT

PROPERTY USE (Commercial/Industrial): _____

Detailed Description: _____

(Attach separate sheet if necessary)

Contact Information Sheet

***** IMPORTANT - Return this sheet with Tri-annual Affidavit *****

Please provide as much information as possible.

CONTACT INFORMATION:

Applicant Name: _____

Property Address: _____

Contact Person: _____

Contact Company: _____

Contact Address: _____

Contact Telephone Number: _____

Contact Email Address: _____

Under oath, I state that I have accurately listed all of my property receiving a Class 6B (SER) 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)

Street Address: _____

City: _____ State: _____

Phone: (_____) _____

Email address: _____

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:
Joseph Berrios
Cook County Assessor
ATTN: Incentive Department
118 N. Clark Street
Room 301
Chicago, Illinois 60602**

(Intentionally Left Blank)