



CLASS S
AFFIDAVIT FOR INCENTIVE PROPERTIES

Control #

As the owner of Class S property, you are now required to file an annual affidavit with the Cook County Assessor's Office. We are also requesting a copy of your current/non-expired U.S. Department of Housing and Urban Development project based Section 8 Renewal Contract for Mark-Up-To-Market Project.

Please complete the affidavit, and list the Permanent Index Number(s) participating in the program. The deadline for returning the affidavit is **July 1st**.

Failure to file a completed, original affidavit with the correct information by the required deadline can result in the loss of your Class S status.

Please answer the following questions:

1. Was there a change of **use** since this property qualified for the Class S incentive? YES NO
2. Was there a change of **ownership**, or **occupancy** during last 3 years? YES NO

If your answer to either of the above questions is YES, you **must** also complete the appropriate section(s) of the **Incentive Information Sheet** (on reverse).

3. Address of the property receiving Class S:

4. Complete the following information, identifying the occupant(s) of the property by name, detailed description of the use(s) of the property, total square footage being used by each occupant, and total number of employees as of January 1st .. (Attach additional pages, if necessary)

Occupant's Name: _____

Property Use: _____

Building's Square Footage: _____ Number of Units: _____

Employees: _____ Full Time: _____ Part Time: _____

List the **Permanent Index Number(s)** of each parcel
of your Class S property below: (Use additional paper if necessary)

1. ____ - ____ - ____ - ____ - ____ - ____
2. ____ - ____ - ____ - ____ - ____ - ____
3. ____ - ____ - ____ - ____ - ____ - ____
4. ____ - ____ - ____ - ____ - ____ - ____
5. ____ - ____ - ____ - ____ - ____ - ____
6. ____ - ____ - ____ - ____ - ____ - ____
7. ____ - ____ - ____ - ____ - ____ - ____
8. ____ - ____ - ____ - ____ - ____ - ____

INCENTIVE INFORMATION SHEET

1. Change of Use:

If any, please describe below:

2. Change of Ownership:

Buyer: _____

Address: _____

Date of Transfer: _____

Note: Submit evidence of transfer

3. Change of Occupancy:

If any, please describe below:

Date of Change: _____

Reason for Change: _____

4. Is Property Vacant?

If YES – Since When: _____

COMPLETE THE FOLLOWING:

Owner: _____
(Print name)

Representative (if not owner): _____
(Print name)

Title: _____

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.

Signature

Date

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

Contact Information Sheet

***** IMPORTANT - Return this sheet with 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: _____