



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 **November 17, 2017**.

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):

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:

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/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: _____

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: _____

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

(Intentionally Left Blank)