

Vacancy/Occupancy Affidavit

**Cook County
Assessor's Office**

2018 Appeal No: _____

}

I, _____, being first duly sworn, on oath depose and say that I am the owner/managing agent of the property located at _____ (PROPERTY INDEX NUMBER(S)) in _____ (CITY), subject of the above complaint, and that I have personal knowledge that the occupancy of the building(s) for the year _____ is as follows:

	Total Sq. Ft. of Commercial/Industrial Area Occupied *	Total Sq. Ft. of Commercial/Industrial Area Vacant *	Total Sq. Ft. of Commercial/Industrial Area *	Condos or Apartments (Please circle)		Total Number of Residential Condo/Apartments
				Total Number of Residential Condos/Apartments <u>Occupied</u>	Total Number of Residential Condo/Apartments <u>Vacant</u>	
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						

Total annual percent weighted vacancy of Industrial/commercial space _____

Total annual percent weighted vacancy of Residential condo/apartments _____

*** Include Commercial condos here.**

(Please check all boxes that apply)

- Photos of the vacant space are included with this appeal
- Attempts to lease the vacant space were made. _____
(list all attempts made to lease vacant space)
- No attempts were made to lease the vacant space because: _____

For vacancy appeals, the following information is needed: Three preceding years of actual historical income and expense information and a current year rent roll. Other relevant additional supporting documentation also may be attached to this affidavit.

4. Since the space in question became vacant there has been approximately _____ showings _____ inquires _____ offers

5. If offer(s) failed to result in leasing the vacant space, the reason(s) were:

6. For the preceding and calendar years vacancy factors were applied in excess of 15% by:

	2017	2016	2015
CCAO	____%	____%	____%
BOR	____%	____%	____%
BOTH	____%	____%	____%

Reason(s) for requested vacancy relief for tax year 2018 (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Building Rehabilitation |
| <input type="checkbox"/> Initial Start-Up Occupancy | <input type="checkbox"/> Conversion to Condominiums |
| <input type="checkbox"/> Tenant Preparation or Build-Out | <input type="checkbox"/> Repair of Prior Tenant Damage |
| <input type="checkbox"/> Fire, Flood, or Natural Disaster | <input type="checkbox"/> Alteration, Modification or Conversion to New Use or Configuration |
| <input type="checkbox"/> Modification of Original Plans | <input type="checkbox"/> Building Code Compliance |
| <input type="checkbox"/> Construction or Completion Delay | <input type="checkbox"/> Governmental or Court Order |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Closure Notice or 'Red Tag' |
| <input type="checkbox"/> Plans and Permits | <input type="checkbox"/> Structural, Mechanical, Electrical, Roof, Plumbing or HVAC Failure |
| <input type="checkbox"/> Community Hearing(s)/Review | <input type="checkbox"/> Bankruptcy of Tenant(s) |
| <input type="checkbox"/> Local Approval or Ordinance | <input type="checkbox"/> Loss of Major Tenant(s) |
| <input type="checkbox"/> Financing | <input type="checkbox"/> Physically Occupied with Rental Abatements |
| <input type="checkbox"/> Final Inspection/Certificate of Occupancy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eviction of Tenant(s) | _____ |
| <input type="checkbox"/> Demolition | |
| <input type="checkbox"/> Environmental Remediation | |

Subscribed and sworn before me,

this _____ day of _____, 20____

Notary Public

Further affiant sayeth not.

Affiant

[Notary Seal or Stamp]