

2009 APPLICATION
HOUSING CHOICE VOUCHER TAX SAVINGS PROGRAM
Lake County Housing Authority

INSTRUCTIONS: Complete entire application. Please print or type. When completed, keep a copy for your record.

TAXPAYER INFORMATION

Name of property Owner: _____

Mailing Address: _____
Street City/State Zip Code

Contact Phone Number: _____ Email: _____

PROPERTY IDENTIFICATION

(A separate \$50 fee and form must be submitted for each PIN)

Building Address: _____
Street City/State Zip Code

Property Index Number (PIN) _____
(REQUIRED - Available on your property tax bill xx-xx-xxx-xxx)

Property Description: (Check) _____ Detached House/Town home/Condo _____ Multi-Family Building

Total Number of Units at this PIN: _____ Number of Units Leased to
Voucher Holders on January 1, 2009 _____

CERTIFICATION

I hereby certify, under penalty of perjury, that all of the following information is correct: (Please check)

_____ I am the legal owner of the property for which I am applying for tax abatement; and

_____ I am NOT claiming this property as my Homestead; and

_____ I leased at least one rental unit to a Housing Choice Voucher (HCV) tenant at the property listed above on January 1, 2009; and

_____ All units on the above property leased to HCV tenants were in compliance with Housing Quality Standards on January 1, 2009 and all units on the above property are in substantial compliance with local building codes; and

_____ All of the information on this form is accurate and is not an attempt to intentionally misrepresent the facts in order to qualify for a monetary benefit.

Owner's Signature

Date

Subscribed and sworn before me this _____ day of _____, 2009, City of _____,
County of _____, State of Illinois.

NOTARY PUBLIC

My Commission Expires on _____, 20__.

(SEAL)