TAX CREDIT APPLICATION FORM

## APPLICANT

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square Footage of Rehabilitated Area: \_\_\_\_\_\_\_\_ Total Square Footage of Property: \_\_\_\_\_\_

Vacant Square Footage of Property: \_\_\_\_\_\_\_ Date Vacated: \_\_\_\_\_\_ Zoning of Property: \_\_\_\_\_\_

Date of Original Construction: \_\_\_\_\_\_ Date Rehabilitation Began: \_\_\_\_\_Date Rehabilitation Completed: \_\_\_\_\_\_\_

Are pedestrian and vehicular connections to adjacent commercial properties provided? □ Y □ N (If no, please attach documentation from Planning Department determining that such connections were not feasible).

I hereby make oath that I am the present owner of the above property and that the above information is true and correct to the best of my knowledge and information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Commercial Real Estate Broker

I certify that the above property is located in Frederick (please indicate) □ County / □ City and had been vacant for a period not less than 18 of the previous 24 months prior to the lease or sale of the property, and was actively listed f**o**r sale or lease.

Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Broker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### STATE DEPARTMENT OF ASSESSMENT AND TAXATION

### First full year the improvements were added to the assessment roll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Increase in assessment attributable to reconstruction and improvements to above referenced property:

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor of Assessments Date

### CITY OF FREDERICK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fiscal Year of  Tax Credit | Assessment  Increase | Tax Rate | Percent of Exemption\* | Amount of Exemption |
| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ X | $\_\_\_\_\_\_ | X \_\_\_\_\_\_\_\_\_\_\_ | = $\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Director, Economic Development Date Mayor, The City of Frederick Date

### Frederick County

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fiscal Year of  Tax Credit | Assessment  Increase | Tax Rate | Percent of Exemption\* | Amount of Exemption |
| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ X | $\_\_\_\_\_\_ | X \_\_\_\_\_\_\_\_\_\_\_ | = $\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frederick County Finance Director Date County Executive, Frederick County Date

**\* This is the \_\_\_\_\_ year that the applicant has applied for the Vacant Commercial Structures Tax Credit.**