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HCV PROGRAM TAX SAVINGS PROGRAM APPLICATION

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

Dear HCV Property Owner:

Under state law, Illinois property owners who rent to participants in the Housing Choice Voucher (HCV) Program may receive property tax abatement (“tax savings”) in an amount up to 19% of a property’s Equalized Assessed Value (EAV). The actual amount will depend upon tax rates, the state equalizer, EAV and the number of qualified units rented to HCV Program participants.

In order to qualify for this tax savings program, your property must meet the following criteria:

1. The property must be located in a census tract with a poverty rate below 12%.
 - To determine if your property is located in an eligible census tract, please visit www.ffiec.gov/geocode.
 - At the top of the page, select the most current calendar year from the drop-down menu.
 - Enter the property address (do not enter the unit number), including city, state and ZIP code and click ‘Search’.
 - In the left menu bar, click the ‘Census Demographic Data’ button to open a pop-up window.
 - In the pop-up window, click the ‘Income’ tab.
 - Review the value in the 4th row ‘% below Poverty Line’. If this value is less than 12, the property is located in an eligible census tract.
2. At least one unit at the property must be leased to a tenant participating in the Chicago Housing Authority’s HCV Program as of January 1st of the year for which the property owner is applying for the tax savings.
3. No more than two units or 20% of the total units at the property, whichever is greater, may be considered qualified units.
4. The eligible unit(s) must be in compliance with Housing Quality Standards (HQS) as of January 1st of the year for which the property owner is applying for tax savings.
5. The building must be in compliance with local building codes.

A separate application is required for each Property Index Number (PIN), and applications must be submitted on an annual basis. If you don’t know your PIN, visit www.cookcountyassessor.com or check your tax bill.

Applications for the 2024 tax year are due by December 15, 2024. If approved, the tax abatement will be realized on the second installment of the subsequent tax year.

Applications are not accepted by email or fax. Please mail the original (keep a copy for your records), notarized application to:

Chicago Housing Authority
Attn: HCV Tax Savings Program
60 E. Van Buren Street, 11th Floor
Chicago, IL 60605-1207



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Instructions: Please complete the application in its entirety. Remember, a separate application is required for each Property Index Number (PIN), which is available at www.cookcountyassessor.com or on your property tax bill.

Submissions for the 2024 tax year are due no later than December 15, 2024.

I. Taxpayer Information

Property Owner Name: Vendor #:
Mailing Address: Unit #:

City: State: ZIP Code:

Phone #: Email Address:

II. Property Identification

Property Address:

City: State: ZIP Code:

Property Index Number (PIN): [] [] - [] [] - [] [] [] - [] [] [] - [] [] [] []

Property Type (check one): [] Detached House/Townhome/Condominium [] Multi-Family Building

Total number of units at this property:

Total number of units at this property leased to HCV Program participants as of January 1, 2024:

III. Certification

I hereby certify, under penalty of perjury, the following:

- I am the legal deeded owner of the property for which I am applying for tax abatement; and
At least one unit was leased to an HCV Program participant on January 1, 2024, excluding the property owner; and
All HCV Program units under contract at the above property were in compliance with Housing Quality Standards (HQS) and local building codes on January 1, 2024; and
All of the information provided in this application is accurate to the best of my knowledge/belief and is not a misrepresentation of the facts.

Property Owner Signature

Date

IV. Notary Public

City of: County of: State of Illinois

Sworn before me this day of , 2024.

Signature: Commission Exp.