

## 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 <u>www.ffiec.gov/geocode</u>.
  - 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 4<sup>th</sup> row '% below Poverty Line'. If this value is less than 12, the property is located in an eligible census tract.
- 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 1<sup>st</sup> 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 1<sup>st</sup> 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 <u>www.cookcountyassessor.com</u> or check your tax bill.

Applications for the 2025 tax year are due by December 15, 2025. 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, 11<sup>th</sup> Floor Chicago, IL 60605-1207

Rev. 02032025, Eff. 02052025, CHA-0261: Tax Savings Program



**Instructions:** Please complete the application in its entirety. Remember, a separate application is required for each Property Index Number (PIN), which is available at <u>www.cookcountyassessor.com</u> or on your property tax bill. **Submissions for the 2025 tax year are due no later than December 15, 2025.** 

## I. Taxpayer Information

| Property Owner Name:  |   | Vendor #:   |
|---|---|---|
| Mailing Address:  |   | Unit #:   |
| City:   | State:                                  | ZIP Code:   |
| Phone #: Email Add  | Iress:                                  |   |
| II. Property Identification   |   |   |
| Property Address:   |   |   |
| City:   | State:                                  | ZIP Code:   |
| Property Index Number (PIN):  |   |   |
| Property Type (check one): Detached House/Townho  | me/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, 2025:  |   |   |
| III. Certification  |   |   |
| I hereby certify, under penalty of perjury, the following:  |   |   |
| <ul> <li>I am the legal deeded owner of the property for wh</li> <li>At least one unit was leased to an HCV Program pa<br/>owner; and</li> <li>All HCV Program units under contract at the above<br/>Standards (HQS) and local building codes on Janua</li> <li>All of the information provided in this application is<br/>a misrepresentation of the facts.</li> </ul> | property were in co<br>ary 1, 2025; and | y 1, 2025, excluding the property mpliance with Housing Quality |
| Property Owner Signature  | D                                       | ate   |
| IV. Notary Public   |   |   |
| City of: County of:   | , State                                 | of Illinois   |
| Sworn before me this day of   | _, 2025.                                |   |
| Signature:  | Commis                                  | sion Exp  |

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