

Planning & Economic Development

MFTE Final Property Tax Exemption Application

NOTE TO APPLICANT: Please answer each question completely. If more space is needed, attach additional paper. If you have any questions about this application, do not understand the questions, or need additional information regarding regulations or policies the City of Spokane, staff, 509-625-6597, will be happy to assist you.

If the Conditional Contract criteria are met, this application is for the creation of a Final Certificate of Multi-family Tax Exemption Contract with the City.

Name of Applicant:	Date:	
Applicant Address:	Phone:	
Applicant email:	Owner Email:	
Name of Taxpayer (if different from Applican	nt)	Date:
Taxpayer Address:		
Taxpayer email:		
	PROJECT INFORMATION	
You are applying for a Final Certificate of Exen	nption under the:	
Project meets the Market rate eight year ex	xemption criteria Project me	ets the Affordable twelve year exemption criteria,
require completion of the AFFORDABILIT	Y section ("Affordable" housing mea	ans that housing costs including utilities other than
telephone do not exceed 30% of the occupant's	monthly income for those households a	at or below 115% of Area Median Income (AMI).
Project Address:	Project Name:	
County Assessor's parcel number(s):		
Type of housing units (check all that apply):	Apartments Condominium/	Townhome Mived use Project
	•	units per building:
	_	
Renabilitation of Existing Structure: # ex	isting units renabilitated:	# additional units constructed:
Unit(s) within the multi-family property w	vill be offered as short-term (less than 1	l month) rental units. Which units:
omi(o) wann ale mater raining property w	The objective as short term (1888 than 1	initially remail difficility men difficility.
Total expenditures made in the rehabilitation or	construction of the entire project: \$	
Parking garage, number of parking stalls _	it is public parking. I	It is private parking.
Project start date:	Project completion da	ate:

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-	t was completed w	-						_			-
	Certificate of Tax							anou approved	ı on uı	e Extension of	
	tificate of Occupan							a copy is attac	ched		
	l "After" photos su		lectronic	eally (3 interior	r depic	ting complet	ed units, 1	exterior depic	ting th	ne entire buildi	ng(s)
Complete t	he following "Pro	ject Infor	mation"	regarding all	RENT	TAL units in	the projec	t.			
DHT	#TAX EXEN	MPT UNIT	ΓS	NON-	A	AVERAGE MONTHLY RENT		AVERA	.GE	AVERAGE	Ξ
JNIT ΓΥΡΕ	AFFORDABLE (#)	MARI RA7 (#	ГЕ	HOUSING SQUARE FEET	AFF	ORDABLE (\$)	MARKE RATE (\$)		IZE :	DEVELOPME COST PER U	ENT
STUDIO							, ,				
BED- ROOM											
BED- ROOM S+ BED-											
ROOM OTHER											
NON- HOUSING)											
TOTAL											
				AFFORD	ABILI	ITY		•			
Owner (# (% Occupied Affordab	_		o affordable to d to be afforda							
	e of an Affordable		•								
Owner	Occupied unit for	Sale. Selle	er confiri	ms that the sell	ing pri	ce \$	of the	qualifying uni	it is at	an amount	
	fordable to those h	ouseholds	at a mod	lerate income l	levels a	at or below 11	15% of Are	a Median Inco	me, A	.MI.	
Rental	s the Annual Certi	fication fi	ling will	require the pr	operty	manager's c	ertification	that the occu	pant's	income in all	
eligible units	meets the affordab	ility criter	ia.								
Complete th	e following "Unit i	Informat	ion" for	all Qualifying	AFFO	ORDABLE I	RENTAL u	inits			
UNIT NUMBER	AFFORDABIL LIMITS (% AI			ONTHLY IOLD INCOM	E I	HOUSE-HOI	LD SIZE	# OF BEDS		ONTHLY RENT	

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UNIT NUMBER	AFFORDABILITY LIMITS (% AMI)	MONTHLY HOUSEHOLD INCOME	HOUSE-HOLD SIZE	# OF BEDS	MONTHLY RENT
				•	

If you need more space to complete the "Unit Information" there is additional space on page 4.

STATEMENT OF POTENTIAL TAX LIABILITY
Note: ADDITIONAL TAX MAY BE DUE UPON CANCELLATION OF EXEMPTION. (initial to affirm and acknowledge)
The Taxpayer is aware that the partial property tax exemption goes into place the tax year following the year the Final Certificate Contract is recorded by the County Assessor.
The Taxpayer acknowledges the potential tax liability if and when the property ceases to be eligible for exemption.
The Taxpayer acknowledges that they are required to file the appropriate annual certification as outlined within the Final Certificate of Exemption Contract to keep the project within compliance.
The Taxpayer is aware that the tax exemption must be cancelled if the property is converted from multi-family to another use.
The Taxpayer understands that if they decide to convert the multi-family housing to another use, or if applicable, if the owner intends to discontinue compliance with the affordable housing requirements, the owner must notify the Development Services Center and the Spokane County Assessor within 60 days of the change in use or intended discontinuance.
APPLICATION FEE
Applicant acknowledges that a MFTE permit fee of \$1050 per qualifying parcel is required to be paid before the Final Exemption
Contract will be completed and recorded by the City of Spokane and Spokane County.
As Taxpayer(s) of the land described in this application, I declare under penalty of perjury under the laws of the State of Washington that this application and any accompanying documents have been examined by me and that they are true, correct, and complete to the best of my knowledge.
Signature of Taxpayer
Date
By typing my name in a signature field and clicking "Submit", I agree that my typed name will be the electronic representation of my signature for all purposes, including

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legally binding agreements, declarations of fact under penalty of perjury, and acknowledgment of receipt of information and/or documents, just the same as a pen and paper

signature.

UNIT NUMBER	AFFORDABILITY LIMITS (% AMI)	MONTHLY HOUSEHOLD INCOME	HOUSE-HOLD SIZE	# OF BEDS	MONTHLY RENT

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