

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, 509-625-6500, will be happy to assist you.

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

Name of Applicant:	Date:	
Applicant Address:	Phone:	
Applicant email:	Owner Email:	
Name of Taxpayer (if different from	1 Applicant)	Date:
Taxpayer Address:	Phone:	
Taxpayer email:	Owner Email:	
PROJECT INFORMATION		
You are applying for a Final Certificate	e of Exemption under the:	
Market rate eight year exemptio	n criteria Affordable twe	lve year exemption criteria
Permanent Affordable twenty ye	ear exemption criteria	
12-yr and 20-yr	· Applications requires the completion of the AF	FORDABILITY section
("Affordable" housing means that ho	ousing costs including utilities other than telephone	do not exceed 30% of the household's monthly
income fo	or those households at or below 115% of Area Medi	an Income (AMI).
Project Address:	Project Name:	
County Assessor's parcel number(s):		
	pply): Apartments Condominium/Town	
Rehabilitation of Existing Structu	ure: # existing units rehabilitated: # ad	ditional units constructed:
Total square feet of the building	g and the total square feet of commercial s	space
Unit(s) within the multi-family p The total square feet of the shor	property will be offered as short-term (less than 1 monthead the short s	nth) rental units. Which units:
Unit(s) are considered student h	ousing, congregate living, or SRO units.	
Total expenditures made in the rehabi	ilitation or construction of the entire project: \$	
Parking garage, number of parking	ing stallsit is public parking. It is	private parking.
Project start date:	Project completion date:	
City of Spok	kane, Planning and Economic Development Pl icdevelopment/incentives/multi-family-tax-exem	hone: 509.625.6500 nption incentives@spokanecity.org

	Project was completed within 3 year	urs of the e	ffective	e date of the C	onditional Co	ertificate of	f Tax Exemp	tion (which ap	proved by the
City	Council on) OR:	Pro	ject was com	pleted within	the time p	eriod approv	ed on the Ext	ension of

Conditional Certificate of Tax Exemption (which was issued on

A Certificate of Occupancy was issued for this project on ______ and a copy is attached

Email "After" photos submitted electronically (3 interior depicting completed units, 1 exterior depicting the entire building(s) to: incentives@spokanecity.org

Complete the following "Project Information" regarding all RENTAL units in the project.

UNIT TYPE	#TAX EXEMPT UNITS		NON-	AVERAGE MONTHLY RENT		AVERAGE	AVERAGE
	AFFORDABLE (#)	MARKET RATE (#)	HOUSING SQUARE FEET	AFFORDABLE (\$)	MARKET RATE (\$)	UNIT SIZE (S.F.)	DEVELOPMENT COST PER UNIT
STUDIO							
1 BED- ROOM							
2 BED- ROOM							
3+ BED- ROOM							
OTHER (NON- HOUSING)							
TOTAL							

AFFORDABILITY

___# units are rented as affordable to low to moderate income households at or below 115% AMI

Owner Occupied Affordable unit. Unit(s) priced to be affordable to moderate income households at or below 115% AMI

Rents and utilities other than telephone paid by the tenants do not exceed 30% of the household's monthly income.

Purchase Price of an Affordable unit _____. Household Annual Income _____. # of Bedrooms _____.

Owner Occupied unit for Sale. Seller confirms that the selling price \$______ of the qualifying unit is at an amount

considered affordable to those households at a moderate income levels at/or below 115% of Area Median Income (AMI).

_____Rentals the Annual Certification filing will require the property manager's certification that the occupant's income and rent in all Initial eligible units meets the affordability criteria.

eligible units meets the affordability criteria.

Units within the 12-yr program that are set aside for low and moderate income household must:

1. be dispersed throughout the building and distributed proportionally among the buildings;

2. not be clustered in certain sections of the building or stacked;

- 3. be comparable to market-rate units in terms of unit size and leasing terms;
- 4. be comparable to market-rate units in terms of functionality and building amenities and access

Complete the following "Unit Information" for all Qualifying AFFORDABLE RENTAL units

UNIT NUMBER	MONTHLY HOUSEHOLD INCOME	NUMBER 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 AND PENALTIES 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 reports every February 1 as outlined within the Final Certificate of Exemption 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 City Planning and Economic Development Department 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 \$2,000 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.

AFFIRMATION

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

City of Spokane, Planning and Economic Development | Phone: 509.625.6500 | my.spokanecity.org/economicdevelopment/incentives/multi-family-tax-exemption | incentives@spokanecity.org

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 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	MONTHLY HOUSEHOLD INCOME	HOUSEHOLD SIZE	# OF BEDS	MONTHLY RENT

City of Spokane, Planning and Economic Development | Phone: 509.625.6500 |

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Application for FINAL Certificate of Exemption Contract for Multi-Family Tax Exemption (MFTE): last updated August 2022