



Development Services Center

MFTE Annual Report for 8 yr Property Tax Exemption

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

Each property owner must file this annual report with the City of Spokane’s Development Services Center within thirty (30) days after the first anniversary of the date the Final Certificate of Tax Exemption was filed and recorded with the Assessor, and each year thereafter for the term of the exemption period (8 years). Failure to submit this annual declaration may result in cancellation of the tax exemption.

Name of Property Owner _____ Date _____

Address of Property Owner _____ Phone _____

Project Address: _____ Parcel number: _____

Legal Description: _____

Project Name: _____ Residential-Use Target Area _____

PROJECT INFORMATION

1. The Final Certificate of Tax Exemption for this property was filed and recorded with the Spokane County Auditor on _____.
2. Amount of time the multi-family unit(s) in question has been ____occupied ____vacant during the previous year:

3. Change in use:
 ____ The property has not changed from multi-family use since the date of filing of the Final Certificate of Tax Exemption, and continues to be in compliance with the contract with the City of Spokane.
 ____ The property has changed use since the date of filing of the Final Certificate of Tax Exemption. Description of changes, including current use other than multi-family, and date of change:

4. The following improvements or changes have been made to the property after the filing of the Final Certificate of Tax Exemption or the last annual reporting.

AFFIRMATION

As **owner(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(s) of all Owner(s)

_____ Date _____

_____ Date _____

*Submit original annual report to: City of Spokane
Development Services Center
808 W Spokane Falls Blvd, 3rd floor. Spokane WA 99201*

City of Spokane – Date Stamp