



# Development Services Center

## 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, 509-625-6300, 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 Property Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ Phone \_\_\_\_\_  
 Applicant email \_\_\_\_\_ Owner email \_\_\_\_\_

**PROJECT INFORMATION**

Project Address: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 County Assessor’s parcel number(s): \_\_\_\_\_  
 Type of housing units (check all that apply): \_\_\_Apartments \_\_\_Condominium /Townhome \_\_\_Mixed-use Project  
 Project start date: \_\_\_\_\_ Project completion date: \_\_\_\_\_  
 \_\_\_Project was completed within 3 years of the effective date of the Conditional Certificate of Tax Exemption (which approved by the City Council on \_\_\_\_\_) OR: \_\_\_Project was completed within the time period approved on the Extension 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\_\_\_.

Description of the work completed:

\_\_\_New Construction, or Conversion of Existing Structure: total # units within the building: \_\_\_\_\_  
 \_\_\_Rehabilitation of Existing Structure: # existing units rehabilitated: \_\_\_\_\_ # additional units constructed: \_\_\_\_\_  
 Total expenditures made in the rehabilitation or construction of the entire project: \$ \_\_\_\_\_  
 Actual development cost for each multi-family unit if apartments, or for this specific condominium/townhome:  
 \$ \_\_\_\_\_

Description of the unit(s)’ basic features: # bedrooms, bathrooms, and any other unique features:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_ “After” photos submitted electronically (3 interior depicting completed units, 1 exterior depicting the entire building)

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**AFFORDABILITY**

\_\_\_ Project meets the Market rate eight year exemption criteria      \_\_\_ Project meets the Affordable twelve year exemption criteria  
(“Affordable” housing means that housing costs including utilities other than telephone do not exceed 30% of the occupant’s monthly income.)

\_\_\_ # (\_\_\_%) units are rented to affordable to moderate income households at or below 115% AMI

\_\_\_ Rentals - the Annual Certification filing will requires the property manager’s certification that the occupant’s income in all eligible units meets the affordability criteria. Total monthly rent amount of each new unit:

Studios:      \$ \_\_\_\_\_      1 bedroom:      \$ \_\_\_\_\_      2 bedrooms:      \$ \_\_\_\_\_  
3 bedrooms:      \$ \_\_\_\_\_      4 bedrooms:      \$ \_\_\_\_\_      5 or more bedrooms:      \$ \_\_\_\_\_

\_\_\_ Owner Occupied units \_\_\_ # (\_\_\_%) units priced to be affordable to moderate income households at or below 115% AMI

\_\_\_ Seller confirms that the selling price of each 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. Sales price for this condominium/townhome unit: \$ \_\_\_\_\_

**STATEMENT OF POTENTIAL TAX LIABILITY**

**Note: ADDITIONAL TAX MAY BE DUE UPON CANCELLATION OF EXEMPTION. (check to affirm and acknowledge)**

\_\_\_ The owner 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 property owner acknowledges the potential tax liability if and when the property ceases to be eligible for exemption.

\_\_\_ The property owner 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 owner is aware that the tax exemption must be cancelled if the property is converted from multi-family to another use.

\_\_\_ The property owner 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**

\_\_\_ \$1050 application fee paid per parcel by \_\_\_\_\_ (payable to City of Spokane)

**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 application and fee to:**

Development Services Center 808 West Spokane Falls Boulevard, Spokane, WA 99201-3336  
[my.spokanecity.org](http://my.spokanecity.org) | Phone: 509.625.6300 | Fax: 509.625.6822