

### **Economic Development**

Location: 400 W. Gowe • Mail to: 220 4th Avenue South • Kent, WA 98032
Phone (253) 856-5454 FAX: (253) 856-6454
www.KentWA.gov

## Multifamily Housing Property Tax Exemption Application

Pursuant to RCW 84.14 and Kent City Code Chapter 3.25

Please print in black ink only.	
<ul><li>□ Conditional Certificate</li><li>□ Contract Amendment</li><li>□ Final Certificate</li></ul>	
Application #:	KIVA #:
P.S. OFFICE USE ONLY  Project Name:	
Address/Location:	
Applicant: (mandatory)	
Name:	Daytime Phone:
Mailing Address:	E-mail:
City/State/Zip:	Signature:
Mailing Address:	Daytime Phone: E-mail: Signature:
Name:	Daytime Phone:
Mailing Address:	E-mail:
City/State/Zip:	Signature:
the best of our knowledge and each state that we are all	ner(s) certify that the above information is true and correct to I the legal owners of the property described above.
P.C. OFFICE USE ONLY:	
Date Stamp:	
	P.C. Initials:

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Property Inf				
Interest in Pr	operty: $\square$	Fee Simple  ⊔ Co	ntract purchaser  ⊔ Other (	describe)
Land area (s	quare feet):	: Pa	arcel #:	Zone:
Legal Descri	ption (attac	h separate sheet if	needed):	
Type of Proje	ect (check a	II that apply): ☐ R	esidential Rental   Reside	ential For-Sale   Mixed Use
Write a desc	ription of th	e project:		
New Constru	uotion. $\square$	Yes □ No		
			For Color	Totalı
	-			Total:
•	_		ınits:	
Commercial/	Retail spac	e square footage:		
Number of n	on-resident	ial parking stalls: _		
Type of parki	ing: 🗆 parl	king garage 🛭 un	der building $\ \square$ below grou	ınd □ surface
Number of st	tories:			
Apartment R	entals:			
•		sq ft	Rent \$	
1 bedroom			Rent \$	
2 bedroom	#	sq ft	Rent \$	
3 bedroom	#	sq ft	Rent \$	
Total units	#			
Owned Units	s:			
Studio	#	sq ft	Sale \$	
1 bedroom		•	Sale \$	
2 bedroom	#	sq ft	Sale \$	
3 bedroom	#	sq ft	Sale \$	
Total units	#			
Land Cost: _				
Projected total	al cost of al	l improvements (ne	ew construction/rehabilitation	on): \$
•				,

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Projected total project cost (land and all improvements):	\$
Source of cost estimate(s):	
Estimated total assessed value for all improvements at	project completion: \$
Estimated total assessed value for land at project comp	letion: \$
Estimated construction start date:	_ Expected completion date:
List all permits and approvals obtained as of the date of	this application:
Existing Residential Structures:	
Were any residential structures demolished on the prop	erty in the past 12 months: $\square$ Yes $\square$ No
Number of units demolished in past 12 months: _	
B	
Date of demolition:	
Date of demolition:  Date dwelling units last occupied:	
Date dwelling units last occupied:	n the property: □ Yes □ No
Date dwelling units last occupied: Will any existing residential structures be demolished or	n the property:   Yes  No
Date dwelling units last occupied: Will any existing residential structures be demolished or Number of existing units to be demolished:	the property: □ Yes □ No

#### **Required Attachments to Application:**

- 1. On-site management experience (for those projects with 100 units or more) (see 3.25.040.G).
- 2. Use of other financial incentives (see 3.25.040.H).
- 3. A brief narrative description of the project.
- 4. Site plan, elevations, and floor plans of the multifamily dwelling units and the overall structure(s) [please fold all plans].
- 5. Documentation of the following:
  - a. All tenants of residential rental structures on the project site have been notified per state statute of the termination of their tenancy.
  - b. The applicant's efforts to refer tenants to similar, alternative housing resources.
  - c. Any other actions the applicant has taken to minimize the hardship on tenants whose tenancies will be terminated.
  - d. Compliance with city development codes and downtown, multifamily, and mixed use design review guidelines.
- 6. Approval letter for waiver of the mixed-use requirement for a project in the DCE or GC-MU zones only.
- 7. Application fee of \$1,000. Check should be made payable to the City of Kent.

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#### **CONDITIONAL CERTIFICATION**

The city may issue a Conditional Certificate of Acceptance of Tax Exemption, based on the information provided by the applicant and contract approval by the City Council. The Conditional Certificate will be effective for not more than three (3) years, but may be extended for an additional 24 months under certain circumstances pursuant to KCC 3.25.070. The city will issue a Final Certificate of Tax Exemption upon completion of the project, satisfactory fulfillment of all contract terms, issuance of a Certificate of Occupancy, and \$1,000 fee.

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# STATEMENT OF ADDITIONAL TAX, INTEREST, AND PENALTY DUE UPON CANCELLATION OF MULTIFAMILY HOUSING EXEMPTION

If the exemption is canceled for non compliance, an additional tax shall be imposed as follows:

- a. The difference between the tax actually paid and the tax that would have been due for the pro rata portion of the tax year following cancellation, and for each tax year thereafter, if the improvements had been valued without exemption, (not to exceed 3 years before discovery of the noncompliance); plus
- b. A penalty of 20 percent of the difference, plus
- c. Interest at the statutory rate on (a) + (b) + (c) are due within the times provided by RCW 84.40.350 through RCW 84.40.390, and the total bears interest thereafter at the rate provided for delinquent property taxes.

The additional tax, penalty, and interest constitute a lean by King County upon the land which attaches at the time the property is no longer eligible for exemption, and has priority to and must be fully paid and satisfied before a recognizance, mortgage, judgment, debt, obligation, or responsibility to or with the land may become charged or liable.

#### AFFIRMATION AND CERTIFICATION

As owner(s) of the land described in this application, I (We) hereby indicate by my (our) signature(s) below that I am (we are) aware of the additional tax liability to which the property will be subject if the exemption authorized by Chapter 84.14 RCW and Kent City Code 3.25 is canceled. I (We) declare under penalty of perjury under the laws of the State of Washington that the above information and any attachments are accurate, correct, and complete to the best of my (our) knowledge.

Owner's Signature	Date	
Print Name		
Owner's Signature	 Date	
Print Name	 Title	

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