



**APPLICATION FOR TAX EXEMPTION ON MULTIPLE FAMILY UNITS  
WITHIN A DESIGNATED RESIDENTIAL TARGET AREA:  
COVER SHEET**

This Application for Tax Exemption must be accompanied by a fee deposit of \$\_\_\_\_. The breakdown for this deposit is as follows:

- 1) \$\_\_\_\_ for the City's application processing. (\$\_\_\_\_ is three times the current \$\_\_\_\_ hourly rate for processing land use permits.)
- 2) \$\_\_\_\_ for the King County Assessors fee for administering the Multiple Family Tax Exemption program.

Please return the Application for Tax Exemption on Multiple Family Units within a Designated Residential Target Area along with the deposit payable to the City of Shoreline to the Planning and Development Services Department, 17544 Midvale Avenue North, Shoreline, WA 98133.



**APPLICATION FOR TAX EXEMPTION ON MULTIPLE FAMILY UNITS  
WITHIN A DESIGNATED RESIDENTIAL TARGET AREA**  
(Pursuant to Chapter 84.14 RCW and City of Shoreline Ordinance No. 479)  
*Application fee required*

***TO BE FILLED IN BY CITY STAFF:***

**APPLICATION NUMBER:** \_\_\_\_\_ **CITY CLERK FILING NO:** \_\_\_\_\_

**DATE APPLICATION RECEIVED:** \_\_\_\_\_

**DATE OF STAFF REVIEW:** \_\_\_\_\_ **APPROVED: YES** \_\_\_ **NO** \_\_\_\_\_

*Comments:*

***TO BE FILLED IN BY APPLICANT:***

**NAME OF APPLICANT:** \_\_\_\_\_

**BUSINESS NAME OF APPLICANT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME OF PROJECT:** \_\_\_\_\_

**STREET ADDRESS OF PROJECT:** \_\_\_\_\_

**DESIGNATED PTE TARGET AREA:** \_\_\_\_\_

**INTENDED PROJECT CONSTRUCTION TIMELINE:** \_\_\_\_\_

**PROGRAM REQUIREMENTS**

***Project must meet the following criteria for special valuation on multi-family property:***

1. Be located within the residential target area designated for the tax incentive by the City.
2. Be within the designated number of tax exempt units of new or rehabilitated multiple family units having been approved within the approved PTE target area.
3. Be a multiple family or mixed-use project which provides 4 or more additional dwelling units.
4. Be completed within three years from the date of approval of the application, unless extended for good cause by the City.
5. Be designed to comply with all building codes, zoning and other applicable regulations.

***Once application is approved, then:***

1. The applicant and the City execute a contract to be approved by the City Council under which the Applicant agrees to implementation of the development on terms and conditions satisfactory to the City Council.
2. Once contract is executed, the City will issue a Conditional Certificate of Acceptance of Tax Exemption, based on the information provided by the Applicant. The Conditional Certificate will be effective for not more than three (3) years, but may be extended for an additional 24 months if special circumstances warrant extension. The City will issue, at the Applicant's request, a Final Certificate of Tax Exemption upon completion of the project and satisfactory fulfillment of all contract terms.

***Note:*** Assessor may require owners to submit pertinent data regarding the use of classified land.

**PROJECT INFORMATION**

***Property Description***

Interest in Property:  Fee simple:  Contractor Purchaser:  Other (describe) \_\_\_\_\_

County Assessor's Parcel Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Abbreviated Legal Description: \_\_\_\_\_

***Term of Exemption***

Term of Exemption Applied For: Eight Years: \_\_\_\_ Twelve Years: \_\_\_\_

***Type of Construction:***

New Construction:  YES  NO                      Rehabilitation of Existing Units:  YES  NO

If rehabilitated/demolished, Applicant must secure from the City verification of property noncompliance with applicable building codes.

**Number and Type of Units:**

Number of Units\*: New \_\_\_\_\_ Rehabilitated \_\_\_\_\_

(\*Note: Be sure to specify if the total number of units is more than the number of units for which you are requesting tax exemption.)

Number of Type of Units Expected: Studio: \_\_\_ One Bedroom: \_\_\_ Two Bedroom: \_\_\_ Other: \_\_\_

Number or Percentage of Affordable Units: \_\_\_\_\_

**Description of Building Use**

Required Preliminary Plans attached: *Site Plan*\*: [ ] YES [ ] NO *Floor Plan*: [ ] YES [ ] NO

\* See SMC 20.20.046

Describe building use and square feet intended for each use: \_\_\_\_\_

Identify square feet of commercial space: \_\_\_\_\_

**Cost of construction**

Projected cost of new construction/rehabilitation: \_\_\_\_\_

Source of cost estimate: \_\_\_\_\_

Expected date to start project: \_\_\_\_\_ Expected date to complete project: \_\_\_\_\_

**NARRATIVE STATEMENT**

Provide a brief statement describing the project and setting forth the grounds for qualifications for tax exemptions (continued):

\_\_\_\_\_  
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\_\_\_\_\_

**AFFIRMATION**

I understand that the value of new housing construction, conversion, and rehabilitation improvements qualifying under this chapter is exempt from ad valorem property taxation for eight (8) successive years for market rate multi-family housing and twelve (12) successive years for qualified affordable housing multi-family projects beginning January 1 of the year immediately following the calendar year of issuance of the certificate of tax exemption eligibility. \_\_\_\_\_ (initial)

I understand that by December 15 each year and/or within 30 days after the first anniversary of the date of filing of the Final Certificate of Tax Exemption and each year thereafter, I will be required to file a report with the City that provides detailed information concerning rental rates, occupancy, and tenant incomes during the year. \_\_\_\_\_ (initial)

I understand that at the conclusion of the exemption period, the new or rehabilitated housing cost shall be considered as new construction for the purposes of chapter 84.55 RCW. \_\_\_\_\_ (initial)

I am aware of the potential tax liability involved when the property ceases to be eligible for the incentive. \_\_\_\_\_ (initial)

I affirm that the submitted information is true and correct, subject to penalty of perjury under the laws of the State of Washington.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant signature