



The Housing Authority of Elgin
130 S. State St
Elgin, IL 60123

2024 Tax Abatement
Housing Choice Voucher (HCV)
Landlord-Owner Application

1 Landlord/ Owner Information

1A Property Owner/Taxpayer Address
Name
Street Address
City, State, ZIP

Three horizontal lines for address input

1B Applicant Name/Mailing Address
Name
Street Address, Apartment
City, State, ZIP
Print carefully - this will be used as mailing label for correspondence to you if there is a problem.

Three horizontal lines for address input

Applicant/Owner Contact Phone Numbers: _____

2 Qualifying Tenant/ Property Identification

IS YOUR PROPERTY ELIGIBLE? Your property must be located in a qualifying Township AND a qualifying Census Tract. Review the information on Pages 3 and 4.

2A Property is in COUNTY OF _____ TOWNSHIP OF _____

2B Property is in CENSUS TRACT _____ (See Page 3 on how to find Census Tract)

2C Tenant's name in unit on 1/1/2024: _____ Unit _____
(Tenant must be Voucher holder. Use a separate sheet of paper to list more tenants)

2D Property Address _____ City _____ ZIP: _____

2E Parcel Index Number (PIN) for property

Parcel Index Number for

Grid of 12 boxes for PIN input

KANE COUNTY

3 Application and Processing Fees

3A. _____ Total Units in this Property Number that you own. (Ex. 4 units, 8 units, etc.)

38 _____ Total **Qualifying** Units claimed for Tax Abatement.

Application Fee: \$ **50.00** for each qualifying **unit** under this PIN, payable to "The Housing Authority of Elgin."

3C _____ # Qualifying Units Claimed (Line 3B) x \$ **50** = \$ _____ (Check No. _____)

(NOTE: HAE WILL NOT PROCESS ANY TAX ABATEMENTS AFTER **DECEMBER 20, 2024**)

4 Applicant Certifications

4A Under **penalty of perjury**, the applicant, certifies by signing below that **all** information on this application is correct and that:

1. The applicant is the legal owner(s) or legal representative(s) of the owner for the property for which I/we are applying for the HCV Property Tax Abatement Landlord Savings Program.
2. All units listed on Line 3B were leased to an HCV Voucher Holder on **January 1, 2024**.
3. All HCV units on this property comply with the Housing Quality Standards (HQS), local building codes, and DHA Program Rules.

4B Applicant's Signature _____ Date _____

4C Subscribed and sworn before me this _____ day of _____, 20 _____

City/Village of _____ County of _____ State of _____

4D

Signature of the Notary Public (SEAL)

DEADLINES

Final deadline is December 20, 2024. No late applications accepted. For additional information, visit

<https://www.haelgin.org>.

Questions may be emailed to the Housing Authority of Elgin at tgarza@haelgin.org

Mail application and check to:
Housing Authority of Elgin
Attention: Tax Abatement
130 S. State St
Elgin, IL 60123

INSTRUCTIONS FOR FILLING OUT THE APPLICATION

PART 1 LANDLORD / OWNER INFORMATION

1A Property Owner/Taxpayer of Record - The name of a person/legal entity/business that owns the units or building. If the Applicant and Owner are the same, write "Same as applicant" across these lines.

1B Applicant Name/Mailing Address of the person submitting this application.

1C Applicant/Owner's primary phone number.

PART 2 QUALIFYING TENANT/ PROPERTY IDENTIFICATION

Is Your Property Eligible?

Some properties will not qualify because they are located in an ineligible Township or Census Tract. The unit must have passed the most recent inspection and been compliant with local building codes. The owner must not have outstanding indebtedness to the Authority or have been involved with any criminal activities concerning the HCV program.

Do not submit an application if your unit's Township OR Census Tract is listed as ineligible.

2A Your property's County and Township.

2B Your property's Census Tract number.

- Go to <http://geocoding.geo.census.gov>
- Under "Find Geographies," click on " Address," type in the address, and hit "Find."
- Scroll down to the bottom where it says "Tract." Use that number located next to the tract code.

2C HCV Holder - Name of the Voucher tenant occupying the Owner's unit on 1/1/2024.

2D Complete address of the unit the tenant lived in on 1/1/2024.

2E PIN (Parcel Index Number) Landlords in Kane and Cook County should use the 10-digit PIN listed on their latest tax bill.

Submit one application for each PIN.

PART 3 APPLICATION AND PROCESSING FEES

3A Total Units you own under this PIN. For multi-unit properties, report only the number of units you own under the application's PIN. Do not count units owned by others at the same address.

3B Total qualifying units you leased to HCV Holders on 1/1/2023 under this PIN. You may report up to 2 qualifying units per PIN. or 20% Of the total units you own under this PI N. whichever is greater. For instance, to report 3 qualifying units, you would need to own 15 total units under this pin ($20\% \times 15 = 3$).

3C The application fee equals \$50 X the number of qualifying units you list for 3B. Make checks payable to "The Housing Authority of Elgin."

NOTE: KANE AND COOK COUNTY: Final deadline is December 20, 2024. No late applications will be accepted.

Your abatement will be shown on your property tax bill. Applications must be submitted annually.

PART 4 APPLICANT CERTIFICATIONS

4A The applicant must certify that all three statements under 4A are correct by signing on line 4D.

4B The applicant's legal signature and date of signature.

4C All applications must be notarized before processing.

2024 Non-Eligible Townships and Census Tracts

DO NOT submit an application if your unit's Township OR Census Tract appears below.

KANE COUNTY

NON-QUALIFYING TOWNSHIPS

8503.01	8503.02	8504	8507.04	8508	8511.01	8511.02	8513.01
8513.02	8514	8516	8519.04	8529.04	8529.05	8529.06	8529.07
8530.04	8530.07	8530.08	8531	8532	8534.01	8534.02	8535
8536.02	8539	8540.02	8541	8542	8544.03	8545.08	8546
8547	8549						