



CITY OF WILLARD

Application for Residential Community Reinvestment Area (CRA) Tax Exemption

Name of Property Owner

Date of Application

Address of Subject Property

Parcel #

Exemption is sought for new structure – 1 or 2 owner-occupied family dwelling

Anticipated date of project completion: _____

Total cost of construction: \$ _____

Signature of real property owner making application for abatement

Address

Phone #

TO BE COMPLETED BY THE CITY OF WILLARD

Legal description of property location: _____

Verification of location within CRA boundary: YES NO

Verification of construction type NEW CONSTRUCTION – OWNER-OCCUPIED

Project meets requirements for exemption YES NO

Percentage of Tax Exemption for this new construction is one hundred percent (100%)

Period of exemption for this construction is fifteen (15) years.

Effective date of local ordinance: March 20, 2017

I hereby certify on behalf of the City of Willard that the project described hereon meets the necessary requirement of the City of Willard for a Community Reinvestment Area program tax exemption.

Jim Ludban, Housing Officer

Date

Date of notification to county auditor of tax exemption (DTE-24): _____