



Community Development Department

FORM TO ENACT CRA REAL PROPERTY TAX EXEMPTION

Date: _____

1. Name of Real Property Owner: _____

2. Name of Business: _____

3. Federal Tax ID No: _____

4. Address of Abated Real Property: _____

5. Mailing Address (if different from abated property): _____

6. Exemption Type: New Structure _____ Renovation/Addition _____

7. Construction Cost (please attach verification): _____

8. Date of Project Commencement: _____

9. Date of Project Completion: _____

10. Date of Occupancy: _____

11. Tax District Number: _____

12. Parcel ID Number: _____

Property Owner: _____

Title: _____

Signature: _____

..... **City Authorization**

1. Length of Real Property Tax Abatement: _____

2. Percentage of Real Property Tax Abatement: _____

3. Date Tax Abatement Commences: _____

I certify that the project described herein meets the necessary requirements of the Community Reinvestment Area Program of the City of New Albany.

Signature of the Housing Officer:

_____ Date: _____

City Manager