



Frank G. Jackson, Mayor

**CITY OF CLEVELAND
COMMUNITY REINVESTMENT AREA (CRA) PROGRAM
RESIDENTIAL TAX ABATEMENT
MULTI-FAMILY STRUCTURES (3+)
APPLICATION**

PROGRAM DESCRIPTION

The State of Ohio's Department of Development has authorized the City of Cleveland through the Department of Community Development to create Community Reinvestment Areas (CRA) in which property owners and developers can apply for tax exemptions. The City of Cleveland through Cleveland City Council approved Ordinance #856-07 May 21, 2007, effective May 30, 2007.

DEFINITIONS:

CRA - Areas of land geographically defined where property owners are eligible for tax exemptions for investing in real property improvements or new construction.

TAX ABATEMENT - Tax abatement is the temporary elimination of increased real property taxes. Tax abatement is offered as an incentive to developers and homeowners to build or rehabilitate in the City of Cleveland. The City of Cleveland's tax abatement policy is designed to stimulate private investment through job creation, neighborhood stabilization and residential development.

RATE SCHEDULE - A rate schedule has been developed and approved by Cleveland City Council in which the tax abatement will be granted.

ELIGIBILITY REQUIREMENTS – Per approved ordinance authority by Cleveland City Council, each unit must receive \$15,000 of improvements to qualify for abatement.

A project seeking funding and incentives, including tax abatement, shall meet the requirements set forth by the "Cleveland Housing Handbook", for more information visit <http://cd.city.cleveland.oh.us>

The applicant completes the tax abatement application, and mails it to Department of Community Development with copies of the Building Permit, Certificate of Occupancy(or finalized Golden Rod/Sign-Off Sheet) and third party verification of compliance with Green Standards certification attached.

RATE SCHEDULE EFFECTIVE MAY 30, 2007

Single/Two Family	New Construction	100%, 15 Years
Multi-Family (3+)	New Construction	100%, 15 Years
Single/Two Family	Rehabilitation	100%, 10 Years
Multi-Family (3+)	Rehabilitation	100%, 12 Years

Submit to:
Department of Community Development
Attn: Cecilia Rodriguez
601 Lakeside Avenue Room 320
Cleveland, Ohio 44114
(216) 664-3442 Office
216-420-7965 Fax
Crodriquez2@city.cleveland.oh.us

Revised 3/2010

Project Name:		Address/Location:		Permanent Parcel No(s):	
Applicant:			Organization/Co. Name:		
Mailing Address:			Executive Director/CEO		
Contact Person	Telephone:		Fax:		E-mail:
New Construction _____		Rehabilitation _____		No of units: _____	
Mixed Use: _____					
School Board Name	Superintendent	School Board Address		Ward:	Councilperson:

Project Schedule Time of Performance							
Activity	Project Beginning	Acquisition	Site Preparation	Demolition / Clean-Up:	Infrastructure	Building Permit Issuance:	Project Completion:
Date							

Provide current tax information with supporting documentation prior to construction (**i.e. copies of current tax duplicate**).

Predevelopment Values	Value	Taxes
Land Value		
Bldg. Value		
Total Property Value		

Provide **estimated** property values after investment has been made in the project **without** tax abatement.

Post Development Values	Total Cost	Taxes
Acquisition		
Investment		
TOTAL		

Beginning January 1, 2010 please attached one of the following:

LEED Certification	Enterprise Green communities certification	NABC Gold Plus Certification	Energy Star certification
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Additional information regarding this program may be found at the U.S. Green Building Council Website www.usgbc.org

Additional Required Documentation and Information:

Provide itemized Sources and uses statement.

Provide copy of residential per unit construction proforma. For mixed use projects provide both the residential and the commercial proforma.

Project Description

Provide a detailed description of the project, including essential elements of the development (limit to one page)

Applicant Description

Describe the history and mission of the applicant/organization. Describe the experience and expertise of the organization, list any consultant or partner organizations that will be involved in the implementation of the project. (Limit to one page)

Signature of Applicant: _____ **Date:** _____