



Community Development Department
 333 Lincoln Highway
 Rochelle, IL 61068
 815-562-8717

City of Rochelle
 Property Tax Reimbursement Program
 Annual Application Form

Program Requirements

The City of Rochelle is offering a Property Tax reimbursement program to encourage the construction of new homes in the City of Rochelle. This means the City will reimburse the **City's portion** of property taxes on new construction of single-family homes. The program expires 12/31/2021.

To qualify the applicant must:

- ✓ Be the first owner of a new single-family home.
- ✓ Provide a copy of the building permit and certificate of occupancy for the structure.
- ✓ Provide a driver's license or valid ID.

To receive the property tax incentive:

- ✓ Property taxes must be paid in full for the year (final payment due to the County in September of each year).
- ✓ Provide a copy of the paid tax bill.
- ✓ **The applicant must submit an annual application form to the Community Development Dept. by December 31 of the same year the taxes were paid.**

Failure to submit by this day will result in forfeiture of the property tax rebate for that year.

Application Information

Applicant Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone #/Email: _____

Co-Applicant Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone #/Email: _____

Address to mail check to: _____ City: _____ State: _____ Zip: _____

Address of Property: _____, Rochelle, IL 61068 Parcel Number: _____

Date Certificate of Occupancy was Issued: _____

Property Tax Year: _____ City of Rochelle property tax amount paid \$ _____

AFFIRMATION

I swear under penalties of perjury that I have completed this application completely and accurately. I understand that the failure to complete the questions completely and accurately could result in rejection of the application. This application is considered incomplete until all required documentation is received.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

For Office Use Only

Community Dev. Dept. Signature of Approval: _____

GL Account #: 01-61-92900-000 Date Paid: _____