



# Flagg Rochelle

COMMUNITY PARK DISTRICT

## Property Tax Reimbursement Program – Annual Application Form

### PROGRAM REQUIREMENTS

The Flagg-Rochelle Community Park District is offering a Property Tax reimbursement program to encourage the construction of new homes in Flagg-Township. This means the Park District will reimburse the Park District’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 Park District Office 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.**

### APPLICANT 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: \_\_\_\_\_ Park District 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

Park District Signature of Approval: \_\_\_\_\_

GL Account #: 01-11-311 Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_