



# Application for Property Tax Abatement Exemption for \_\_\_\_\_

Tax Year \_\_\_\_\_

This application covers property you owned on January 1 of this year. Be sure to attach any additional documents requested. File this application at the mailing address above. The district is located at 13013 Northwest Freeway, Houston, Texas 77040.

**GENERAL INSTRUCTIONS:** This application is for use in claiming property tax exemptions pursuant to Tax Code §11.28. A property owner who has established a tax abatement agreement under the Property Redevelopment and Tax Abatement Code Chapter 312, is entitled to exemption from taxation by an incorporated city or town or other taxing unit of all or part of the value of the property as provided by the agreement.

**APPLICATION DEADLINES:** You must file the completed application with all required documentation between January 1 and no later than April 30 of the year for which you are requesting an exemption.

**ANNUAL APPLICATION REQUIRED:** You must apply for this exemption each year you claim entitlement to the exemption. If you previously applied and nothing has changed, and/or your agreement(s) were not modified, you are not required to attach copies of the agreement(s).

**OTHER IMPORTANT INFORMATION**

Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

### Step 1: Ownership Information

Name of Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone (area code and number) \_\_\_\_\_

Property Owner is a(n) (check one):  Individual  Partnership  Corporation  Other (Specify): \_\_\_\_\_

### Step 2: Applicant Information

Name of Person Preparing this Application \_\_\_\_\_

Title \_\_\_\_\_

Driver's License, Personal I.D. Certificate, or Social Security Number\* \_\_\_\_\_

If this application is for property owned by a charitable organization with a federal tax identification number, that number may be provided in lieu of a driver's license number, personal identification certificate number, or social security number; \_\_\_\_\_

\* Pursuant to Tax Code Section 11.48 (a), a driver's license, personal I.D. certificate, or social security number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b).

### Step 3: Property Information

Address, City, State, and ZIP Code \_\_\_\_\_

Legal description of property (Reinvestment Zone) where tax-abated property is or will be located.  
 \_\_\_\_\_

HCAD Account Number(s) for abated property \_\_\_\_\_

### Step 4: Taxing Units That Have Agreed to Abate Taxes. Attach Complete, Fully-Executed Copies of the Abatement Agreement Including Any Amendments For Each Unit

\_\_\_\_\_  
 \_\_\_\_\_

**Application for Property Tax Abatement Exemption**

**Step 5: Questions About the Abatement(s)**

1. Is this a continuation of an existing abatement agreement? .....  Yes  No
2. Are the terms and duration of each taxing unit's agreement different or identical?
- Different  Identical

If different, please copy this form for each taxing unit and complete Step 5 and the attached Supplemental Abatement Application Questionnaire for each unit. In the area where you listed the taxing units, please circle the taxing unit that you are summarizing.

If identical, please describe the nature of the abatement agreements for this year by completing the following:

- Lump sum exemption of \$ \_\_\_\_\_
- Percentage exemption of \_\_\_\_\_ %
- Other (Attach a statement describing the method of calculating abatement. Give dollar value to be exempted this year.)

3. Does the agreement abate taxes on personal property? ..... Yes  No
4. Are you in compliance with the agreement? ..... Yes  No

If "No", attach a statement explaining the reason for non-compliance.

**Step 6: Certification and Signature**

**Complete the Attached Supplemental Abatement Application Questionnaire.**

By signing this application, you certify that the information provided in this application is true and correct to the best of your knowledge and belief.

<b>print here</b> ➔	_____	_____
	Print Name	Title
<b>sign here</b> ➔	_____	_____
	Authorized Signature	Date

**If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**

### Supplemental Abatement Application Questionnaire for Tax Year \_\_\_\_\_

This information is needed so that the taxing units can properly monitor your abatement agreement. Rather than sending you the supplemental questionnaire after you file your initial application, we are including it with the application. Please take the time to provide the answers below.

Owner's Name	Taxing Unit(s) ("All", or individual unit name per copy of this page)
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- Please list taxing units that have agreed to abatement agreement amendments, if any, that are first-effective for this year.
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Please indicate the percentage or amount of exemption that applies to your property in each of the following years: (for example, if your abatement begins in 2007 and entitles you to 100% for the first three years, 50% in the fourth year, 25% in the fifth year and none thereafter, you would put 2007-100%; 2008-100%; 2009-100%; 2010-50% and 2011-25%).

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
2017	2018	2019	2020	2021	2022	2023	2024	2025	2026

3. Describe the current construction status for the project.

<input type="checkbox"/> Construction Has Not Begun (give projected start and completion dates)	Projected Start Date	Projected Completion Date
<input type="checkbox"/> Construction In Progress (give beginning and projected completion dates)	Date Begun	Projected Completion Date
<input type="checkbox"/> Construction Complete (give completion date)	Completion Date	

- Considering only items in the abatement agreement investment budget that were identified as being subject to abatement:
  - What is the total budgeted amount stated in the agreement? .....4a. \$ \_\_\_\_\_.
  - For those items that were constructed or installed, before the end of the construction phase defined in the agreement, what total expenditure was actually made prior to this year?.....4b. \$ \_\_\_\_\_.
- Did any of the property, considered in the answer to question 4, receive a Federal, State, or Local non-abatement exemption (pollution control exemption, for example) in the previous and/or current year?.....5. Yes  No 
  - If "Yes", attach an additional page to this form that provides a schedule of such property for each tax year involved, showing the exemption amount for each item.
- Has the facility begun operation?      6. Yes       No       6a. If "Yes", operation start date: \_\_\_\_\_
- Does your abatement agreement(s) require the annual rendition of all personal property ("PP") in the reinvestment zone (via reference to Texas Tax Code Chapter 22 or an explicit statement)? .....7. Yes  No 
  - If "Yes", specify the applicable appraisal district PP account numbers: \_\_\_\_\_

8. Job Creation and Retention at the Facility per Abatement Agreement

a. Number of jobs required by agreement for project this year.

	Added	Retained	Total (Added + Retained)	Not Stated ( )
1) Permanent, Full-Time Employees				
2) Part-Time Employees				
3) Contract Workers, Direct				
4) Contractor-Provided Workers				

b. Actual project employee counts on January 1 of this year. (per your Texas Workforce Commission fourth quarter (December month) filing for 2016 for permanent, full-time and part-time employees)

	Added	Retained	Total
1) Permanent, Full-Time Employees			
2) Part-Time Employees			
3) Contract Workers, Direct			
4) Contractor-Provided Workers			

c. If your agreement has additional categories of job retention and/or creation, either at the facility or elsewhere, attach a letter to this form providing 8a. and 8b. information for each additional category.

<b>I certify this information is true and correct.</b>	Signature	Name (printed)	Date
	Title	Phone	Fax Number
	E-Mail Address		Company Name (if different from Owner's Name above)