PART I

Application To Qualify and Participate

Wabaunsee County

Neighborhood Revitalization Plan

Please PRINT all Information except for Signatures.

Owner's Name:	Phone Number:
Owner's Mailing Address:	
Address of Property:	School District:
Parcel Identification Number:	
(Ta	ke from your tax statement or call County Appraiser's Office)
Legal Description of Property:	
Proposed Property Use:	
Residential: Rehab Long-Ter	m Rental Owner-Occupied
Single Family I	Multi-Family w/ Number of Units
Commercial: New Rehab	Rental Owner-Occupied
Industrial: New Rehab	Rental Owner-Occupied
Improvements and Associated Costs:	(Attach drawings and dimensions)
Estimated Date of Completion:	
Estimated Cost of Improvements: Materials: \$	\$ Labor: \$
Estimated Date to Begin Construction:	Initial:
	Date:/
List of Buildings Proposed to be Demolishe	ed:
Does the Applicant Own the Land? Yes	sNo
Will the proposed project be on a foundat	tion? YesNo

Will the proposed project be permanently attached to an existing building on the property? YesNo		
Applicant agrees and acknowledges that: (a) Applicant has received, read, and understand the criteria for qualification and the Procedure to be completed to qualify. (b) Applicant will follow all required procedures. (c) Within 15 days after completion, applicant will report such completion to the County Appraiser. (d) If construction is not completed on the following January 1 st approval of this application, Applicant will report such fact to the County Appraiser prior to January 15 th . (e) Any approval issue pursuant to this application becomes null and void one year from the date of approval if construction is not commenced prior to the expiration of such one-year period. (f) If construction is not completed on the second January 1 st following County Appraiser's approval under Part II, then such approval becomes null and void and all construction completed, if any, will not be eligible to participate in the rebate program.		
Under Penalty or perjury, I hereby state that all information contained in the above Application is true and correct.		
Signed: Date:		
Landowner/Applicant		
A non-refundable \$50 application fee must accompany this application.		
Did the tax rebate program influence your decision to begin or increase your construction project?		
ricase explain.		
If Commercial or Industrial project, please complete the following information:		
Number of New Jobs Created:		
Number of Jobs Retained:		
PART II		
FOR COUNTY APPRAISER'S USE ONLY		
Based upon the above listed improvements and associated costs applied by the applicant, the improvements:		
Will meet the terms for a tax rebate.		
Will not meet the terms for a tax rebate.		
Date:		
(Wabaunsee County Appraiser's Office)		

PART III

Application To Qualify and Participate

Wabaunsee County

Neighborhood Revitalization Plan

Owner's Name:	Phone Number:
Social Security Number:	
Owner's Mailing Address:	
Address of Property:	
Parcel Identification Number:	Building Permit Number:
Part III – A Incomplete Construction as of Ja	anuary 1^{st} following conditional approval.
County Appraiser's conditional approval under Part II o	partially completed as of the January 1st immediately following the f the Application. The owner shall report such fact in person to the Application. SUCH REPORT SHALL BE COMPLETED WITHIN FIFTEEN (15)
County Neighborhood Revitalization Plan tax rebacompletion date of this project is	
The Project is only % completed as	of January 1 st 20
Signed:	Date:
Part III – B Completed Construction	
Within fifteen (15) working days after any Construction person to the County Appraiser and shall complete Par	and Improvement is completed, the owner shall report such fact in t III – B of the application.
completed on(date_comp	described in my conditionally approved Application was pleted). The actual out-of-pocket costs incurred in nents were in the total amount of \$ and ures are submitted with the Report.
SignedLandowner/Appl	Date:
Landowner/Appi	IICATIL

PART IV

Application To Qualify and Participate

Wabaunsee County

Neighborhood Revitalization Plan

FOR COUNTY APPRIASER'S USE ONLY

Owner's Name:	Phone Number:	
Social Security Number:		
Owner's Mailing Address:		
Address of Property:		
Parcel Identification Number:	Building Permit Number:	
the undersigned County Appraiser and/or Depu	B and on-site inspection of the Construction and Improvements by ty County Appraiser of the parcel of real-estate described in the RDERS the following final action of the Application:	
completed pursuant to the Application \$ and results in an	oved and it is determined that the construction and improvement ation involved actual out of pocket expenditures by the Owner of increase in the appraised value of the parcel of real-estate described attributable to such Construction and Improvement in the amount	
B) The Application is final	y rejected and denied for the following reason(s):	
investment. 2)The Construction a described property by 3) This parcel is delinassessment or special to the construction assessment or special to the construction and t	quent in the payment of any ad valorem property tax assessment. quent in the payment of any ad valorem property tax assessment on the following described property in	
5) Other (please exp	llain):	
	TREASURER'S OFFICE USE ONLY	
As of, 20, Taxes on this Parc	el ARE ARE NOT current	
As of, 20, All Taxes Payable the applicationARE ARE NOT Curr	by the landowner of the parcel of real estate described in ent.	
By: Wabaunsee County Clerk's Office	Date:	