

**CITY OF TACOMA**  
**APPLICATION FOR A PROPERTY TAX EXEMPTION ON MULTI-FAMILY UNITS**  
**WITHIN A DESIGNATED RESIDENTIAL TARGET AREA**

(PURSUANT TO CHAPTER 84.14 RCW AND Chapter 13.17 TMC)

*To be completed by the owner of the real estate or, of rights under a Purchase and Sale Agreement.*

**I/We are applying for an 8-Year Exemption \_\_\_\_\_ OR, a 12-Year exemption and 20% of the units will remain affordable as defined by ESSHB 1910 for a period of at least 12 years \_\_\_\_\_**

Name of Applicant (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Ownership Interest in property: Fee Simple \_\_\_ Contract Purchaser \_\_\_ Other (Describe) \_\_\_\_\_

Phone \_\_\_\_\_ Residential-Use Target Area \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Legal Description: \_\_\_\_\_

Developer/Owner: \_\_\_\_\_

Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Description:

New Construction: Yes \_\_\_ No \_\_\_

If existing building: Residential units vacant for 6 months or longer? Yes \_\_\_ No \_\_\_ (Requires Affidavit)

Existing units have one or more building/housing code violations: Yes \_\_\_ No \_\_\_

Plans Attached: Site \_\_\_\_\_ Floor \_\_\_\_\_ Elevation \_\_\_\_\_

Type and Number of Units: \_\_\_\_\_ Apartments \_\_\_\_\_ Owned Units

Parking only for housing units: # of Stalls \_\_\_\_\_

Commercial Space: \_\_\_\_\_ sq ft. Retail Space: \_\_\_\_\_ Sq ft.

Office Space: \_\_\_\_\_ sq ft Non-residential parking stalls: \_\_\_\_\_ Levels: \_\_\_\_\_

Names of all signors (PRINT LEGIBLY and SIGN:

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

**Project Specifics:**

# \_\_\_\_\_ Apartments:

1 bedroom # _____	sq ft _____	Bathroom(s) _____	Rent \$ _____
2 bedroom # _____	sq ft _____	Bathroom(s) _____	Rent \$ _____
3 bedroom # _____	sq ft _____	Bathroom(s) _____	Rent \$ _____
Total Units # _____			

# \_\_\_\_\_ Owned Units:

1 bedroom # _____	sq ft _____	Bathroom(s) _____	Price \$ _____
2 bedroom # _____	sq ft _____	Bathroom(s) _____	Price \$ _____
3 bedroom # _____	sq ft _____	Bathroom(s) _____	Price \$ _____
Total Units # _____			

Anticipated Construction Schedule: Start \_\_\_\_\_ Complete \_\_\_\_\_

Construction Budget:

Entire Project \$ \_\_\_\_\_ Residential with residential parking \$ \_\_\_\_\_

Source of Cost Estimate: Developer \_\_\_\_\_ Owner \_\_\_\_\_ Architect \_\_\_\_\_ Other \_\_\_\_\_

Targeted residential tenants/buyers: \_\_\_\_\_

Targeted Commercial/retail: \_\_\_\_\_

Contact(s): \_\_\_\_\_

**NOTES:**

- 1. The Property Tax Exemption begins the calendar year following completion of the project; not immediately following completion.**
- 2. Assessor may require owners to submit pertinent data regarding the use of classified land.**

**CONDITIONAL CERTIFICATE**

Upon reviewing the application, the City may issue a Conditional Certificate of Acceptance of Tax Exemption based on the information provided by the applicant **and approval of the City Council**. The Conditional Certificate will be effective for not more than three (3) years from the date of Council approval, but may be extended for up to, but not more than an additional 24 months under certain circumstances. The City will issue a Final Certificate of Tax Exemption upon completion of the project, satisfactory fulfillment of all contract terms, a final inspection, and issuance of a Certificate of Occupancy by the City’s Department of Public Works.

**CONTRACTOR AND SUBCONTRACTOR INFORMATION**

**Are you willing to provide the following information about your housing development project?**

1. Name of Company(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Using local contractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:  
\_\_\_\_\_

Using in-state contractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

2. Number of Employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Number and classification: \_\_\_\_\_

We encourage developers who are approved for the Property Tax Exemption to use local architects, contractors, subcontractors, workers, suppliers, and the HUB (Historically Underutilized Businesses), and LEAP (Local Employee Apprenticeship Program) programs.

3. Do you intend to use Historically Underutilized Businesses (HUB)? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you intend to use Local Employee Apprenticeship Program (LEAP)? Yes \_\_\_\_\_ No \_\_\_\_\_

5. I don't know if HUB and/or LEAP businesses/employees will be used on this project. \_\_\_\_\_

If you do not intend to use the HUB/LEAP program; briefly describe why you do not intend to do so.

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

6. Will you pay union/prevaling wages to all/some of the workers and/or subcontractors? Yes \_\_\_ No \_\_\_

7. Will you be using union contractors/subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what specialties? \_\_\_\_\_

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

If you do not intend to pay prevailing wages; briefly describe why you do not intend to do so.

8. Will you be using a Washington state licensed architect to prepare your plans? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who: \_\_\_\_\_

For more information about HUB/LEAP programs, contact Percy Jones Jr. (253-591-5828) with the HUB program and Peter Guzman (253-594-7933) with the LEAP program. Please contact them and make arrangements to learn more about what these programs have to offer you and how they benefit the community. You can also get additional information about these programs by visiting the City's Website at [www.cityoftacoma.org](http://www.cityoftacoma.org); click on business, then click on business opportunities. There you can access the HUB and LEAP program information.

**If you agree to provide this information, we will provide the forms for you to complete. Your participation is voluntary. We hope to keep it voluntary by having developers and contractors provide this information without making it a requirement.**

**Thank you very much for your help to improve the Property Tax Exemption Program.**

**STATEMENT OF ADDITIONAL TAX, INTEREST, AND PENALTY  
DUE UPON CANCELLATION OF  
MULTI-FAMILY HOUSING EXEMPTION**

If the exemption is canceled for noncompliance, an additional tax shall be imposed as follows:

(a) The difference between the tax actually paid and the tax which would have been due for the pro rata portion of the tax year following cancellation, and for each tax year thereafter, if the improvements had been valued without exemption, (not to exceed 3 years before discovery of the noncompliance); plus

(b) A penalty of 20 percent of the difference, plus

(c) Interest at the statutory rate on (a) + (b) from the date tax could have been paid without penalty if the improvements had been assessed at a value without regard to the exemption.

The additional tax, interest and penalty (a) + (b) + (c) are due within the times provided by RCW 84.40.350-84.40.390, and the total bears interest thereafter at the rate provided for delinquent property taxes.

The additional tax, penalty and interest constitute a lien by Pierce County upon the land which attaches at the time the property is no longer eligible for exemption, and has priority to and must be fully paid and satisfied before a recognizance, mortgage, judgment, debt, obligation, or responsibility to or with which the land may become charged or liable.

**AFFIRMATION**

As owner(s) of the land described in this application, I hereby indicate by my signature that I am aware of the additional tax liability to which the property will be subject if the exemption authorized by Chapter 375, 1995 Laws is canceled. I declare under penalty of perjury under the laws of the State of Washington that this application and any accompanying documents have been examined by me and that they are true, correct and complete to the best of my knowledge.

Signed at \_\_\_\_\_, Washington. this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Printed Name(s) and Signature(s) of all Owner(s) and Contract Purchaser(s)

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

**CONDITIONAL CERTIFICATE OF ACCEPTANCE OF TAX EXEMPTION** is hereby:

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ If this project has been denied, the following reason(s) are given:

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date