



City of Shoreline

Planning & Community Development

17500 Midvale Avenue North Shoreline, WA 98133-4905

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APPLICATION FOR CONDITIONAL CERTIFICATE OF TAX EXEMPTION ON MULTIPLE FAMILY UNITS WITHIN A DESIGNATED RESIDENTIAL TARGET AREA - COVER SHEET

This application for Conditional Certificate of Tax Exemption must be accompanied by a (Hourly Rate, 3-hour minimum) processing fee, along with the required site plan and floor plan of the housing units. All fees can be found on the [City's fee schedule](#). Please also note that an additional fee will be collected by the City of Shoreline for the King County Assessor's fee for administering the Multiple Family Tax Exemption program when the application for Final Certificate of Tax Exemption is applied for.

Please submit this application for Conditional Certificate of Tax Exemption on Multiple Family Units within a Designated Residential Target Area, the required plans, and the processing fee, payable to the City of Shoreline, to Planning & Community Development, 17500 Midvale Ave North, Shoreline, WA 98133.

**APPLICATION FOR CONDITIONAL CERTIFICATE OF TAX EXEMPTION ON
MULTIPLE FAMILY UNITS WITHIN A
DESIGNATED RESIDENTIAL TARGET AREA**

(Pursuant to Chapter 84.14 RCW and City of Shoreline Ordinance No. 694 and SMC 3.27)

Application fee required

PROGRAM REQUIREMENTS

Project must meet the following criteria for special valuation on multi-family property:

1. The project must be located within one of the residential targeted areas designated in SMC 3.27.030;
2. The project must be multifamily housing consisting of at least four dwelling units within a residential structure or as part of a mixed used development, in which at least 50 percent of the space must provide for permanent residential occupancy;
3. The project must be designed to comply with the city's comprehensive plan, applicable development regulations, and applicable building and housing code requirements;
4. At least 20 percent of the housing units must be affordable housing as defined in SMC 3.27.020
5. For the rehabilitation of existing occupied multifamily projects, at least four additional residential units must be added except when the project has been vacant for 12 consecutive months or more;
6. The project must be scheduled for completion within three years from the date of approval of the application per RCW84.14.030(4);
7. Property proposed to be rehabilitated must fail to comply with one or more standards of the applicable state or local building or housing codes. If the property proposed to be rehabilitated is not vacant, an applicant must provide each existing tenant housing of comparable size, quality, and price and a reasonable opportunity to relocate;
8. The mix and configuration of housing units used to meet the requirement for affordable units under this chapter shall be substantially proportional to the mix and configuration of the total housing units in the project; and
9. The applicant must enter into a contract with the city under which the applicant has agreed to the implementation of the project on terms and conditions satisfactory to the city. The contract must be approved by the city council.

Once this application is approved, then:

1. The applicant and the City will execute a contract to be approved by the City Council under which the applicant agrees to implementation of the development on terms and conditions satisfactory to the City Council.
2. Once this contract is executed, the City will issue a Conditional Certificate of Acceptance of Tax Exemption based on the information provided by the applicant. The Conditional Certificate will be effective for not more than three years, but may be extended for an additional 24 months under certain circumstances.
3. Once the project is completed and all contract terms have been fulfilled, at the applicant's request, the applicant will receive an application for Final Certificate of Tax Exemption, which the applicant must complete and return to the City of Shoreline Planning & Community Development.
4. Upon approval of the application for Final Certificate of Tax Exemption, the City will within 40 days of application, file the Final Certificate of Tax Exemption with the King County Assessor's Office.

Please Note: The King County Assessor may require the applicant to submit pertinent data regarding the use of classified land.

APPLICATION INFORMATION

Name of Applicant: _____ Date: _____

Business Name of Applicant: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

PROJECT INFORMATION

Property Description

Name of Project: _____

Street Address of Project: _____

County Assessor's Parcel Account #: _____

Abbreviated Legal Description: _____

Designated PTE Project Area: _____

Term of Exemption Applying For: Twelve Years Twenty Years (with 99-year covenant)

Interest in Property: Fee Simple Contractor Purchaser Other (describe below)

Other (description) _____

Type of Construction New Construction: Yes No Rehabilitation of Existing Units: Yes No

If rehabilitation/demolished, applicant must secure from the City verification of property noncompliance with applicable building codes.

Intended Project Construction Timeline: _____

Number and Type of Units Number of Units - New _____ Number of Units - Rehabilitated: _____

Are the total number of units more than the number of units for which you are requesting Tax Exemption Yes No

Number of Type of Unites Expected: Studio _____ One Bedroom _____ Two Bedroom _____ Other _____

Number and percentage of affordable units: _____

Description of Building Use

Required Preliminary Plans are attached: Site Plans*: Yes No Floor Plans: Yes No

* See SMC 20.20.046

Describe building use and square feet intended for each use:

Identify square feet of commercial space: _____

Cost of Construction Project cost of new construction/rehabilitation: _____

Source of cost estimate: _____

Expected date to start project (month and year): _____ Expected date to complete project: _____

Provide a brief statement describing the project and setting forth the grounds for qualifications for tax exemptions (attach another sheet if necessary) in the space below:

(please attach another page if necessary)

Complete the Table below:

Affordability	Studio	Open 1-bedroom	One bedroom	Two Bedroom	Three Bedroom	Total Units
70% AMI						
80% AMI						
Market-Rate Units						
Total Units						

AFFIRMATION

I understand that the value of new housing construction, conversion, and rehabilitation improvements qualifying under this chapter is exempt from ad valorem property taxation for 12 successive years for qualified affordable housing multi-family projects beginning January 1st of the year immediately following the calendar year of issuance of the Final Certificate of Tax Exemption eligibility. _____ (initial)

I understand that by December 15th of each year and/or within 30 days after the first anniversary of the date of filing the Final Certificate of tax Exemption and each year thereafter, I will be required to file a report with the City of Shoreline that provides detailed information concerning rental rates, occupancy, and tenant incomes during the year. _____ (initial)

I understand at the conclusion of the exemption period, the new or rehabilitated housing cost shall be considered as new construction for the purposes of chapter 84.55 RCW. _____ (initial)

I am aware of the potential tax liability involved when the property ceases to be eligible for the tax exemption incentive. _____ (initial)

I affirm that the submitted information is true and correct, subject to penalty of perjury under the law of the State of Washington.

I affirm that the project will be designed to comply with the City of Shoreline's Comprehensive Plan, applicable development regulations, and applicable building and housing code requirements. _____ (initial)

I affirm that the mix and configuration of housing units used to meet the requirement for affordable units under this chapter shall be substantially proportional to the mix and configuration of the total housing units in the project.
_____ (initial)

Signed this ____ day of _____, 20_____

Applicant Signature:

To be Completed by City Staff

Application Number: _____ City Clerk Filing _____

Number: Date Conditional Application Received: _____

Date of Staff Review: _____

Comments: