



Multifamily Property Tax Exemption Program Annual Project Certification

Reporting Requirements

The property owner must file this Annual Report with the City of Shoreline within thirty (30) calendar days after the anniversary of the date the Final Certificate of Tax Exemption was issued- for the term of the exemption period. Failure to submit this annual declaration may result in cancellation of the tax exemption.

Property Owner's Authorized Representative (if applicable)

Name: _____

Company Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Property Owner

Name: _____

Company Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Property Information

Property Address: _____

Tax Assessor Parcel Number(s): _____

Project Name: _____

Date Final Certificate of Tax Exemption for this property was issued: _____

Are any units in the property offered as short-term (less than 1 month) rental units?

- Yes
- No

Has the property changed from multifamily use the previous 12 months?

- Yes
- No

If the property has changed use, describe the changes.

Have there been any improvements made to the property in the previous 12 months?

- Yes
- No

If there have been improvements to the property, describe the improvements.

Has the property been in compliance with the affordable housing requirements of the MFTE program during the previous 12 months, including the terms and conditions of the contract with the City of Shoreline?

- Yes
- No

If the property has not been in compliance, describe the reason for non-compliance.

Complete the table below to demonstrate the time the multi-family unit(s) in the Project have been occupied and/or vacant during the previous 12 months.

Unit #	Type	Number of Months Occupied	Number of Months Vacant

Affirmation

As the property owner of record, or authorized representative of the property owner, of the property described in this Annual Report, I declare under penalty of perjury under the laws of the State of Washington that this Annual Report, and any accompanying documents have been examined by me and that they are true, correct, and complete to the best of my knowledge.

Owner/Owner Representative

Signature: _____ Date: _____

The below notary section only needs to be completed for properties that received a transportation impact fee or park impact fee exemption based on the provision of low-income housing.

STATE OF WASHINGTON)

) ss

County of King)

On this _____ day of _____, 20____ before me personally appeared _____ to me known to be the individual(s) described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

PROJECT NAME _____

REPORTING PERIOD: _____ through _____.

Contract rent included the following (please answer “yes” or “no”):

Electricity and gas? _____

Water and sewer? _____

Garbage and recycling? _____

Other expenses tenants are required to pay in addition to contract rent:

Renter’s insurance? _____

King County Sewer Capacity Charge? _____

Other (specify)? _____

Other (specify)? _____

Does your contract/covenant include parking for one motor vehicle in its definition of “Housing Expense?” _____ If YES, proceed to question A, if NO, proceed to question B.

A) Do all MFTE units include a parking spot? _____

If no, was the parking rate deducted from the maximum allowable rent for those units without parking? _____

B) What is the monthly parking charge for each type of unit?

Market rate? _____

70% AMI? _____

80% AMI? _____

Please attach a copy of the property’s standard residential lease agreement.

Please complete the Details for Income Restricted Units spreadsheet found on the [City’s website](#) and submit with this certification.

Revised 8/13/2024