



COMMUNITY REINVESTMENT AREA (CRA)
TAX EXEMPTION PROGRAM APPLICATION
(To be filed with the appropriate Housing Officer)

Received on: _____

Received by: _____

**** Application must be turned in prior to September 1st for the application to be considered for this year****

1. _____
Name(s) of Real Property Owner Phone Number

Email Address

2. _____
Address of Subject Property

Permanent Parcel Number

3. Exemption Sought For: ☐ New Structure ☐ Remodeling Cost of remodel \$ _____

4. Date of project completion: _____

5. Date of Certificate of Occupancy: _____

6. Does this project involve structure of historical or architectural significance? ☐ Yes ☐ No
If yes, attach written certification of such by the designating agency or authorized agent.

Additional information required by the State of Ohio by any applicant requesting an incentive for a Public entity in Ohio.

Does the applicant owe:

a. Any delinquent taxes to the State of Ohio or a political subdivision of the State ☐ Yes ☐ No

b. Any monies to the State or a state agency for the administration or enforcement of any environmental laws of the State. ☐ Yes ☐ No

c. Any other monies to the State, a state agency or political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not. ☐ Yes ☐ No

If yes to any of the above, please provide details of each instance including but not limited to the Location, amounts and/or case identification numbers (add additional sheets if necessary).

Submission of this application expressly authorizes the City of Elyria, Ohio to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including the



COMMUNITY REINVESTMENT AREA (CRA) TAX EXEMPTION PROGRAM APPLICATION

(To be filed with the appropriate Housing Officer)

Received on: _____

Received by: _____

above items a, b, c, and d and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation to release specific tax records to the local jurisdictions considering the incentive request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the O.R.C. Sections 9.66 (c) (1) and 2921.13 (D) (1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000.00 and/or a term of imprisonment of not more than six (6) months.

Applicant agrees to supply additional information upon request. The applicant believes that the information contained in and submitted with this application is complete and correct. Applicant acknowledges receipt copy of application.

Certificate of Occupancy must be attached with application. This may be obtained at Elyria City Hall, 131 Court Street, Building Department, Suite 101, Elyria, OH 44035.

- The Lorain County Auditor processes CRA tax exemption determinations made by the Elyria Housing Officer in order to place a tax exemption on the Lorain County Auditor's list of Tax-Exempt Properties/Parcels. The deadline imposed by the Lorain County Auditor for processing tax exemptions offered by the City of Elyria Housing Officer in the year in which the application is made is October 1st. Applications for CRA tax exemption received by the City of Elyria Housing Officer must be submitted to the appropriate school district for notification and the school district has fourteen (14) days to respond. After the expiration of the fourteen (14) day school district notification period, the Elyria Housing Officer sends to the Lorain County Auditor documents related to your CRA application and the City of Elyria Housing Officers approval of your application (if approved). In order to complete the process and deliver the necessary CRA approval documents to the Lorain County Auditor prior to October 1st for the application year, the City of Elyria Housing Officer must receive your application by September 1st of the application year. CRA applications received after September 1st may not give the City of Elyria Housing Officer adequate time to process the application in order to meet the Lorain County Auditor's submission deadline of October 1st.*
- The CRA tax exemption is applied to the structure of the property upon approval. Please note there may still be land taxes owed.*

Signature of Applicant

Date

Signature of Applicant(s)

Date



**COMMUNITY REINVESTMENT AREA (CRA)
TAX EXEMPTION PROGRAM APPLICATION**
(To be filed with the appropriate Housing Officer)

Received on: _____

Received by: _____

*****FOR OFFICIAL USE ONLY*****

1. Legal Description of Property Location: Parcel # _____
2. Number of Community Reinvestment Area: ☐ CRA 1 ☐ CRA 2 ☐ CRA 3 ☐ CRA 4 ☐ CRA 5 ☐ CRA 6
3. ☐ Ordinance _____ Effective Date _____
4. Verification of Construction:
Residential: ☐ New Structure- Cost \$ _____ ☐ Year Built _____
☐ Remodeling- Cost \$ _____ ☐ Year Built _____
5. Project meets requirements for an exemption under ORC _____ ☐ A ☐ B ☐ C ☐ D (3)
6. Project involves structure of historical or architectural significance: ☐ Yes ☐ No
If yes, written certification of appropriateness of the remodeling has been submitted by the designating agency or authorized agent: ☐ Yes ☐ No
7. Exemption Period/Percent:
New Construction:
☐ CRA 1 15 (fifteen) years, 100%
☐ CRA 2 10 (ten) years, 100%
☐ CRA 3 10 (ten) years, 100%
☐ CRA 4 2 (two) years, 100%
☐ CRA 5 15 (fifteen) years, 100%
☐ CRA 6 15 (fifteen) years, 100%
Remodeling:
☐ CRA 1 10 (ten) years, 100%
☐ CRA 2 10 (ten) years, 100%
☐ CRA 3 10 (ten) years, 100%
☐ CRA 4 10 (ten) years, 100%
☐ CRA 5 10 (ten) years, 100%
☐ CRA 6 10 (ten) years, 100%
8. Date Public School Boards Notified: _____
Date Public School Board Comments Received: _____
9. Date of City Council Notification: _____
I certify that the project described herein was reviewed to determine eligibility for the CRA Program in the City of Elyria with the following determination.
☐ Eligible
☐ Ineligible
Reason: _____

Signature of Housing Officer

Date