



Property Tax Assessment Freeze Program

03/25A

Request for a Certificate of Rehabilitation

PART 3—FOR COOPERATIVES

Request for a Certificate of Rehabilitation

1. Property information

Property address

City, State, and Zip

2. Project data

A. Property owner

B. Property's use

C. Property's condition

D. Property's location

E. Property's history

F. Property's future

G. Property's value

3. Project contact (if different from Owner's Representative)

Contact name

Contact title

4. Owner's Representative (An authorized representative of the housing cooperative must complete and sign this form.)

I, on behalf of the housing cooperative identified below, hereby apply for a Certificate of Rehabilitation for the property named above for the purposes of the Revenue Act of 1939, as amended. I attest that the information I have provided throughout the application is correct, to the best of my knowledge, and that the property is owned by the housing cooperative identified below. I further attest that I am authorized, directed, and empowered by the housing cooperative to take such action and execute and deliver this application.

Housing Cooperative Name

Name and Title of Authorized Representative

Signature

Date

Phone

Email

5. Materials that must be submitted with this completed and signed form

A. Property map

B. Property sketch

C. Scans of property

D. Do-It-Yourself Labor Report (if applicable)