



# HOUSING TAX ABATEMENT APPLICATION

221 E Clark Street  
 Albert Lea, MN 56007  
 507.377.4335 OFFICE  
[dmaras@ci.albertlea.mn.us](mailto:dmaras@ci.albertlea.mn.us)  
**FEE: \$175**

## PROPERTY INFORMATION

Completion of this application is by property owners seeking tax abatement incentives for construction and rehabilitation of housing units within the City of Albert Lea. Please complete all parts and return to the City Clerk.

Property Address/PID

Legal Description

Please attach separately.

## PROPERTY OWNER INFORMATION

Owner Name

Owner Address

Owner Phone/Email

## APPLICANT INFORMATION (if different from above)

Applicant Name

Applicant Address

Applicant Phone/Email

## PROJECT DESCRIPTION (check all that apply)

**New Construction:** 1) Single-Family/Duplex  Multi-Family (3 or more units)   
 2) Density Option (single-family)  Density Option (multi-family)  Energy-Efficiency Option   
 3) Infill Option  LMI Option  Qualified Census Tract

**Rehabilitation:** 1) Single-Family/Duplex  Multi-Family (3 or more units)   
 2) Energy-Efficiency Option  LMI Option  Qualified Census Tract

**Attach the following:** building plans, site map, letter of consent from property owner (if subject to purchase agreement).

## FINANCIAL INFORMATION

I/WE as applicant(s) for the Housing Tax Abatement certify that no construction has begun or will begin prior to the taxing authority's decision on my/our application. For the purposes of this provision, construction shall include installation of footings, slab, foundation, posts, walls or other portions of a building. Site preparation, land clearing or the installation of utilities shall not constitute as construction.

Initials \_\_\_\_\_

Proposed Project Start Date:

Proposed Completion Date:

Current Assessed Value of Property:

Currently Yearly Taxes:

Please provide certificate of taxes paid from the Office of the County Assessor.

I **HEREBY CERTIFY** that I have read, examined and understand this application and that the information submitted herein and attached hereto is true and accurate and correctly states my intentions. I also understand this application will not be accepted or reviewed until all required supporting documentation has been supplied.

**OWNER'S STATEMENT**

I am the owner of the above described property and I agree to this application. By signing this application, I certify that all fees, charges, utility bills, taxes, special assessments and other debts or obligations due to the City by me or for this property have been paid. I further certify that I am in compliance with all ordinance requirements and conditions regarding other City approvals that have been granted to me for any matter.

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Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S STATEMENT** (if different from above)

This application should be processed in my name, and I am the party whom the City should contact about this application. I have completed all of the applicable filing requirements and, to the best of my knowledge, the documents and information I have submitted are true and correct.

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: ELIGIBLE/APPLICABLE APPROVALS	
1) City Manager: _____	Date: _____
2) City Council Resolution Number: _____	

Please submit completed application and payment to:

City of Albert Lea  
Attn: City Clerk  
221 E Clark Street  
Albert Lea, MN 56007  
[dmaras@ci.albertlea.mn.us](mailto:dmaras@ci.albertlea.mn.us)