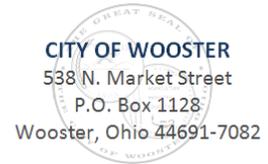




**CITY OF WOOSTER**  
**Community Reinvestment Area Program**  
**RESIDENTIAL APPLICATION**



**Congratulations on your Rehabilitation or New Construction Project! Please fill out this application completely and attach documentation of expenses (invoices, receipts, etc.). Applications may be sent to: City of Wooster, Attn: Jonathan Millea, AICP – Development Coordinator, at 538 N. Market Street, Wooster, Ohio 44691. You may also fax, with a cover sheet, to: 330.263.5247, or send a scan via email to [Jmillea@woosteroh.com](mailto:Jmillea@woosteroh.com).**

If we may help answer any questions regarding this application or the Community Reinvestment Area Program, please feel free to contact the Development Coordinator anytime by phone (330.263.5250) or email: ([Jmillea@woosteroh.com](mailto:Jmillea@woosteroh.com)). Please visit [www.woosteroh.com/economicdevelopment](http://www.woosteroh.com/economicdevelopment) for more information. **Thank you for investing in your community!**

1. Please provide name, address and phone number of property owner:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ (Find Tax Info at: [www.waynecountyauditor.org](http://www.waynecountyauditor.org))

2. Exemption sought for (**check one**):  New Construction, or  Remodeling

3. Does the Property Owner owe (for this location or any other property):

A. Any delinquent taxes to the State of Ohio or a political subdivision of the state?  Yes  No

B. Any other moneys to the State, a state agency or a 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

C. If yes to either 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).

4. Project Description: (Please briefly describe type of work performed, including square footage and equipment. Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF WOOSTER Community Reinvestment Area Program  
RESIDENTIAL APPLICATION (Continued)**

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5. Amount of investment (as applicable):

New Construction: \$ \_\_\_\_\_ or Remodeling: \$ \_\_\_\_\_

6. Project was completed \_\_\_\_\_, 20\_\_\_\_.

7. Applicant's Certification:

Other **REQUIRED** documents to be included with this application:

- A. If contracted remodeling, a copy of the contract.
- B. If not contracted remodeling, verification of costs to remodel.
- C. Occupancy Permit (if applicable)

I, (*Applicant Name*) \_\_\_\_\_, property owner(s), hereby request a tax abatement of 100% for 10 years (or 12 years if new construction) in accordance with the terms and conditions of the City of Wooster's Community Reinvestment Area (CRA) Program, established March 10, 2005. I (we) understand that this property is subject to inspection annually by the City of Wooster Housing Officer, and that if the property is found to not be maintained or repaired properly due to neglect of the owner, the Housing Officer may revoke the tax exemption at any time after the first year of exemption.

\_\_\_\_\_  
*Signature(s)*

\_\_\_\_\_  
*Date*

**Submission of this application expressly authorizes the City of Wooster to review applicable confidential records. The Applicant agrees to supply additional information upon request.**

**The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC 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 and/or a term of imprisonment of not more than six months.**

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**FOR OFFICIAL USE ONLY**

I certify that the project described above meets the necessary requirements for approval for a 100 percent \_\_\_-year tax exemption per the City of Wooster's Community Reinvestment Area Program.

\_\_\_\_\_  
*Signature – Jonathan Millea, AICP – Development Coordinator*

\_\_\_\_\_  
*Date*

cc: Wayne County Auditor