

**ANNUAL CERTIFICATION**  
**MULTI-FAMILY PROPERTY TAX EXEMPTION**  
**CITY OF BELLEVUE**

Complete this report (including the Affordable Unit Information Summary) and submit it to A Regional Coalition for Housing (ARCH) each year, within 30 days of the anniversary date of the Final Certificate.

1. Project Name: \_\_\_\_\_
2. Property Address: \_\_\_\_\_

<b>Property Owner's Information</b>
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*Note: This report is intended to be signed by the property owner of record or designee. The application may be rejected or additional documentation required if the signer is other than the property owner of record.*

3. Has ownership of any part of the property changed in the past year?  
 Yes                       No
4. Owner's name: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
6. Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Owner's Contact: \_\_\_\_\_
8. E-mail: \_\_\_\_\_
9. Owner's Representative (if applicable): \_\_\_\_\_
10. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
11. Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
12. E-mail: \_\_\_\_\_

Annual Certification, Multi-Family Tax Exemption  
City of Bellevue

**Property Information**

- 13. Date of Final Certificate of Tax Exemption: \_\_\_\_\_
- 14. Expiration Date of Tax Exemption: \_\_\_\_\_
- 15. Number of dwelling units exempted from property tax: \_\_\_\_\_
- 16. Number of affordable dwelling units: \_\_\_\_\_
- 17. Changes or improvements constructed after issuance of the Final Certificate of Tax Exemption:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

The above-described project complies, to the best of my knowledge, with all requirements of Chapter 4.52, Bellevue City Code, in effect as of the date of application for tax exemption, and with the terms of the Contract dated \_\_\_\_\_. The Multifamily Housing of this project has not changed use since the date of the Final Certificate of Tax Exemption.

**AUTHORITY TO ENTER PROPERTY**

I/we acknowledge that by signing this report I/we are authorizing employees or agents of the city of Bellevue to enter onto the property which is the subject of this application during the hours of 7:00 a.m. to 5:00 p.m., Monday through Friday, for the sole purpose of making any inspection of the limited area of the property which is necessary to process this report. In the event the city determines that such an inspection is necessary during a different time or day, the applicant(s) further agrees that city employees or agents may enter the property during such other times and days as necessary for such inspection upon 24 hours notice to applicant(s), which notice will be deemed received when given either verbally or in writing.

**HOLD HARMLESS AGREEMENT -- READ CAREFULLY BEFORE SIGNING**

The undersigned in making this report certifies under penalty of perjury, the truth and/or accuracy of all statements submitted with said report and hereby agrees to defend, indemnify, and hold harmless the city of Bellevue, its officers, employees, and agents from any and all claims, including costs, expenses, and attorney's fees incurred in investigation and defense of said claims which may be hereafter made against the city by any person including the undersigned, his successors, assigns, employees, and agents, and arising out of reliance by the city of Bellevue, its

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officers, employees and agents upon any factual statements, including the reasonable inferences to be drawn therefrom contained in said report or submitted along with said report.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

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Owner's Signature

Date

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Print Name

Title

**Affordable Unit Information Summary**

Complete the following table with information for each affordable dwelling unit. If any substitution of affordable units occurred during the period, include both the former unit (Unit # and Unit Type only) and the current (substitute) unit. For units that are vacant on the Reporting Date, please enter "Vacant" beside the Unit # and Unit Type.

Project/Property Name: \_\_\_\_\_ Reporting Period: \_\_\_\_\_ through \_\_\_\_\_

Name and Contact Information of Person Completing This Report: \_\_\_\_\_ Reporting Date: \_\_\_\_\_

<b>Does Contract Rent include:</b>										<b>Are residents required to buy:</b>		
Electricity & Gas?	Yes No	Water & Sewer?	Yes No	Garbage?	Yes No	Renter's insurance?	Yes No	One Parking Space?	Yes No	Renter's insurance?	Yes No	
<b>For each "No" enter the Allowance or Fee below (except Renter's Insurance, if it's not required).</b>												

Unit #	Tenant Name	Family Size	Move-in Date	Current Lease Date	Current HH Income*	Unit Type (BRs)	Affrd Level	Max Housing Expense**	Electric & Gas Allowance	Water & Sewer Allowance***	Garbage Allowance (or Fee)	Insurance Allowance	Parking Fee	Max Rent	Current Contract Rent
															\$0
															\$0
															\$0
															\$0
															\$0
															\$0
															\$0
															\$0
															\$0

\* As of report date or when current lease was signed.

\*\* Find on "Rental and Income Guidelines."

\*\*\* Maximum Housing Expenses also include water, sewer, and garbage. If these are paid for directly by the tenant (in addition to rent), the maximum rent must be reduced by the typical costs to the tenant of such utilities, or a set allowance established by the city (or ARCH).

ARCH Electric & Gas Allowances

- Studio \$ 41
- 1-bedroom \$ 62
- 3-bedroom \$ 103
- 4-bedroom \$ 123