



City of York

Tax Forgiveness Review Committee

Application for Forgiveness of Municipal Real Estate Taxes

This application is hereby made in accordance with Ordinance No. 43 of Session 2024 of the Council of the City of York, Pennsylvania establishing the City of York Tax Forgiveness Review Committee. The request for forgiveness of municipal real estate taxes, interest and penalties shall be considered for the following:

TAX YEAR(s)
List no more than 2 years:

SUBJECT PROPERTY BUSINESS NAME & ADDRESS:

A recommendation will be made to City Council based on the information provided and in accordance with 53 Pa.C.S.A §8812 et. seq. City Council shall vote on said recommendations within 60 days after the Tax Forgiveness Review Committee submits its recommendation to Council. The applicant and/or contact person will be notified when Council intends to vote on the request.

The fee for this application is \$50 as adopted by City Council Resolution No. 101 of Session 2024. A check in said amount must accompany this application, and made payable to "The City of York," before the application is processed. Please include "Tax Forgiveness Application Fee" in the memo line of your check.

FOR OFFICE USE

Date Received By Business Administration: _____ / _____ / _____
Month Day Year

Date Received By Committee: _____ / _____ / _____
Month Day Year

Assignment Number: _____

\$50 Application received: YES NO

Prepare **SEVEN (7) COPIES** of this application and mail to:

Office of Business Administration
c/o Tax Forgiveness Review Committee
101 S. George St.
York, PA 17401

FOR OFFICIAL USE ONLY
Assignment Number:

One additional copy should be retained by the applicant.

To complete this application online, visit www.yorkcity.org/government/treasurer/.

A \$50 application fee is required and must accompany this application. Make check payable to "The City of York" and include "Tax Forgiveness Application Fee" in the memo of your check. All information requested herein must be supplied. In the event that the space provided is not sufficient, please provide your answers on a separate sheet of paper and indicate the section number being continued. All documentation must be attached to all seven (7) copies of the Application and becomes the property of the City of York.

1. Business Name and Address of the subject property:

a. Amount and year requested for forgiveness:

Year: _____ / Taxes: _____ / Interest: _____ / Penalties: _____

Year: _____ / Taxes: _____ / Interest: _____ / Penalties: _____

b. Name of Legal Owner: _____

c. Address of Legal Owner: _____

d. Telephone number of Legal Owner: _____

e. Email address of Legal Owner: _____

f. Name of Authorized Agent (if different from owner): _____

g. Address of Authorized Agent (if different from owner): _____

h. Telephone number of Authorized Agent (if different from owner): _____

i. Email address of Authorized Agent (if different from owner): _____

2. Parcel ID number: _____

3. Is an assessment appeal pending on the subject property? Yes No

a. If Yes, provide the filing date: _____ / _____ / _____
Month Day Year

b. Is the subject property involved in pending court proceedings? Yes No

4. Date of acquisition of subject property by applicant.

_____ / _____ / _____
Month Day Year

a. Set forth Deed Book Volume and Page of Deed or Instrument by which subject property was acquired.

Deed Book Volume (DBV): _____ Page: _____

b. Attach a copy of the Deed by which the subject property was acquired.

5. Has the subject Property been consolidated or subdivided recently into a new lot plan?

Yes No

If YES, attach the plan and note the plan book volume _____ and page _____.

6. Give the month, day and year that ACTUAL USE for the purported EXEMPT purpose began.

_____ / _____ / _____
Month Day Year

If the subject property is NOT in ACTUAL USE, give the date that it will be used for purported exempt purpose(s). _____

7. Describe in full detail below how the subject property is currently being used. (Attach additional pages if necessary and indicate continuation of question No. 7)

- If a partial exemption is being requested, please provide accurate square footage of the exempt portion of the building(s) and/or area.
- If the property is being renovated or constructed, provide documentation of intended use. (Architecture bids, surveys, maps, etc.)
- If usage of the property is a church parking lot, or accessory structure please reference any additional church related activities held on the parking area.

8. Is any portion of the subject property used as a place of residence? **Yes** **No**
If YES, describe this use below: (Attach additional pages if necessary and indicate continuation of question No. 8)

9. Is any portion of the subject property rented, leased or occupied by anyone other than the owner?
Yes **No**

If YES, attach documentation to this application listing the names, addresses, phone numbers and contact persons for each occupant with the amount of space occupied, the amount of rent or other payment, which is made for occupancy, the use of the occupied space, and whether there is any written lease, letters, agreement or memo reciting the terms of the occupancy.

10. Attach a copy of the Charter, By-Laws, Constitution or any other documentation indicating an exempt designation and use of the subject property.

- a. Attach copies of all relevant financial information regarding the subject property, including but not limited to: income and expense statements, balance sheets, 990 forms, 501(c)(3) tax status designation forms or any other applicable IRS tax exempt forms(s).

11. Was the property granted real estate tax forgiveness from the County of York?

Yes **No** If YES, attach a copy of proof of county real estate tax forgiveness.

12. Was the property granted real estate tax forgiveness from the York City School District?

Yes **No** If YES, attach a copy of proof of school district real estate tax forgiveness.

13. Attach a photo(s) of the subject property.

14. Sign the attached affidavit in the presence of a notary public and include with your application.

A recommendation will be made to City Council based on the information provided and in accordance with 53 Pa.C.S.A §8812 et. seq. City Council shall vote on said recommendations, at a meeting date established by Council, after the Tax Forgiveness Review Committee submits its recommendation to Council. The applicant and/or contact person, will be notified by the City Clerk when Council intends to vote on the request.

AFFIDAVIT

(Must be signed in the presence of a notary public and attached to this application.)

Under penalties of perjury, I declare that I have examined this application, including all other data submitted regarding the property and the exemption from taxation thereof, and I am the owner or agent authorized to act on behalf of the owner regarding this application for tax forgiveness, and to the best of my knowledge and belief, the information in this application is true, correct and complete.

Signature of Owner or Authorized Agent

Printed Name of Owner or Authorized Agent

Subject Property Address

Date

Commonwealth of Pennsylvania

County of _____

Sworn and subscribed before me, by _____

this _____ day of _____ 20_____.

In witness whereof, I hereunto set my hand and official seal.

Notary Public