

**APPLICATION**

**COMMUNITY REINVESTMENT AREA TAX  
EXEMPTION PROGRAM**

City of Lorain

(To be filed with the appropriate Housing Officer)

1. \_\_\_\_\_  
Name of Real Property Owner
2. \_\_\_\_\_  
Address of Subject Property
3. Exemption sought for:   new structure \_\_\_\_\_       remodeling \_\_\_\_\_
4. Date of project completion: \_\_\_\_\_
5. Does this project involve a structure of historical or architectural significance?  
Yes \_\_\_\_\_       No \_\_\_\_\_

If yes, attach written certification of such by the designating agency or authorized agent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

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**FOR OFFICIAL USE ONLY**

1. Legal Description of Property Location:
2. Number of Community Reinvestment Area:
3. Effective Date of appropriate Local Resolution:
4. Verification of construction: new structure \_\_\_\_\_ remodeling \_\_\_\_\_ (cost)
5. Project meets requirements for an exemption under ORC 3735.67 (A) \_\_\_\_\_  
(B) \_\_\_\_\_  
(C) \_\_\_\_\_
6. Project involves structure of historical or architectural significance:   Yes \_\_\_\_\_       No \_\_\_\_\_

If yes, written certification of appropriateness of the remodeling has been submitted by the designating agency or authorized agent: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Period of Exemption for this improvement: \_\_\_\_\_

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program in the City of Lorain.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Housing Officer

(To be filed with the County Auditor)