



**DOWNTOWN PROPERTY REHABILITATION TAX CREDIT  
APPLICATION FORM  
The City of Frederick, Maryland**

In order for applicants to receive a Downtown Property Rehabilitation tax credit, please submit this application and all back-up documentation before April 30<sup>th</sup> for the tax credit to be applied on the following Fiscal Year's tax bill (mailed July 1). Please submit this form to the City of Frederick's Department of Finance, 101 North Court Street, Frederick, Maryland 21701.

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**I. APPLICANT**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Square footage of Rehabilitated Area: \_\_\_\_\_ Total Square footage of Property: \_\_\_\_\_

Zoning of Property: \_\_\_\_\_ Date of Original Building Construction: \_\_\_\_\_

Date Rehabilitation Project Began: \_\_\_\_\_ Date Rehabilitation Project Completed: \_\_\_\_\_

Are pedestrian and vehicular connections to adjacent commercial properties provided?  Y  N (If no, please attach documentation from the City of Frederick Planning Department determining that such connections were not feasible).

I hereby make oath that I am the present owner of the above property, that the subject property for which this tax credit application is submitted meets all of the requirements of the Charter of the City of Frederick Ch. 8, Article III, Section 8-3 and that this certification and the above information is true and correct.

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Signature of Applicant

Date

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**II. STATE DEPARTMENT OF ASSESSMENTS AND TAXATION**

First full year the improvements were added to the assessment roll: \_\_\_\_\_

Increase in assessment attributable to reconstruction and improvement of property in the above revitalization district:

\$\_\_\_\_\_

Account No. \_\_\_\_\_

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Supervisor of Assessments

Date

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**III. CITY OF FREDERICK**

I certify that the above property is located within the City of Frederick, Frederick County, Maryland and that the project meets the requirements of the Charter of the City of Frederick Ch. 8, Article III, Section 8-3.

Fiscal Year of Tax Credit	Assessment Increase	Tax Rate	% of Exemption*	Amount of Exemption
_____	_____	_____	_____	\$_____

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Director, Economic Development Date

Mayor, City of Frederick Date

\* THIS IS THE \_\_\_\_\_ YEAR THE APPLICANT HAS APPLIED FOR THE TAX CREDIT.