

## **COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE MPROVEMENTS**

State Form 51766 (R2 / 1-07)

Prescribed by t' e Department of Local Government Finance

PAY 20\_ FORM CF-1 / Real Property

## **PRIVACY NOTICE**

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

Th	is statement is being	completed for rea	I property that	qualifies under t	the following I	Indiana Code	(check one box):
	Redevelopment or r	ehabilitation of rea	el estate improv	rements (IC 6-1,	1-12.1-4)		

☐ Eligible vacant building (IC 6-1.1-12.1-4.8)

## INSTRUCTIONS:

 This form does not apply to properly located in a residentially distressed area. (IC 6-1.1-12.1-2 (b))
 Properly owners must file this form with the County Auditor and the Designating Body for their review regarding the compliance of the project with the Statement of Benefits (SB-1 / Real Property).

This form must accompany the initial deduction application that is filed with the County Auditor.

- Primerty owners whose Statement of Benefits was approved after June 30, 1991, must file an updated form with the County Auditor and the local Designating
- Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.1)

  5. The updated form must be filed annually by May 15, or by the due date for the real property owner's personal property return that is filed in the township where the project is located, whichever is later. (IC 6-1.1-12.1-5.1 (b))

  6. With the approval of the Designating Body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1 / Real Property).

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Thereby certify that the representations in this statement are true.	I hereby ce	ertify that the representations in this	s statement are true.			
Signature of authorized representation Date signed (month, day, year)  PRESIDENT 05/05/2023	Signature of authorized represent	1	ENT	-		

## OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991

INSTRUCTIONS: (IC 6-1.1-12-5.1)

- This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement
  of Benefits.
- Will in forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include
  the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. A copy of the notice will be sent to the
  Cosnty Auditor.
- Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits.
- If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner and (2) the County Auditor

Ve have reviewed the CF-1 and find that:	
he property owner IS in substantial compliance	
the property owner IS NOT in substantial compliance	
other (specify)	
easons for the determination (attach additional sheets if necessary)	
In formation in Section.	3 appears incorrect.
gnature of authorized alember	Date signed (month, day, year)
Michelle Kedward	Designating body Tence Haute City Council
If the property owner is found not to be in substantial compliance, time has been set aside for the purpose of considering compliance	the property owner shall receive the opportunity for a hearing. The following date and
5:30 PM 8-3-2023	Location of hearing Ave 17 Harding Ave 17 Harding Ave 17 Harding Ave 17 Harding Ave 18 (to be completed after the hearing)
Approved	Denied (see instruction 5 above)
ason for the determination (attach additional sheets if necessary)	
ignature of authorized member	Date signed (month, day, year)
itested by:	Designating body