

# Saginaw

## 2004 Renaissance Zone Affidavit

Property Address: \_\_\_\_\_ Roll No. \_\_\_\_\_

The purpose of this affidavit is to provide general information to various city offices to aid in the qualification process of renaissance zone properties. Please complete the affidavit as thoroughly as possible completing all sections that are applicable. Lack of information could cause a delay in your property or income tax qualifying for reduction. **Residential rental property owners are required to file this affidavit with the Assessors Office on or before December 31, 2003 to qualify for the 2004 exemption.**

Please comply with the following special instructions:

1. **Multiple Property Owners:** If you are the owner of more than one property in the renaissance zone, please use a **separate affidavit for each property.**
2. **Joint Owners:** If a single property has more than one owner, please be sure to include the complete **information for each owner.**
3. **Individual Owner:** If property is in an individuals name please use owners **Social Security number.**
4. **Business Owned:** If the property is in a business name, please use applicable **Federal Id number.**

This affidavit contains three sections. Different ownership interest requires different sections to be completed.

- Section 1 - Owners of Residential, Commercial or Industrial property**
- Section 2 - Renters of Residential, Commercial or Industrial property**
- Section 3 - Owners of Personal Property**

### Section 1 - Residential, Commercial, or Industrial Property Owners

This property is :  Residential  Commercial  Industrial

#### Owner #1

Name: \_\_\_\_\_ Age 65 or older:  yes  no  
Social Security No. \_\_\_\_\_ Federal ID No: \_\_\_\_\_

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

Do you occupy the property?  yes  no If yes, the date occupancy began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

#### Owner #2

Name: \_\_\_\_\_ Age 65 or older:  yes  no  
Social Security No. \_\_\_\_\_ Federal ID No: \_\_\_\_\_

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

Do you occupy the property?  yes  no If yes, the date occupancy began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

Is any portion of this building rented to another party?  yes  no

Renter: \_\_\_\_\_

Mailing address: \_\_\_\_\_

If this is business owned, please check ownership type:

- Sole Proprietorship  Partnership  Corporation

### Section 2 – Renters/Occupants of Residential, Commercial or Industrial Property

This property is :  Residential  Commercial  Industrial

#### Renter #1

Name: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Federal ID No: \_\_\_\_\_

(continued on reverse side)

Mailing Address: \_\_\_\_\_  
Age 65 or older:  yes  no Date of occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

**Renter #2**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Age 65 or older:  yes  no Date of occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

**Section 3 - Personal Property Owners**

A personal property statement must be on file with the Assessors Office. Please indicate the equipment in the renaissance zone. Attach a separate sheet if necessary.

Name: \_\_\_\_\_ Location of Personal Property \_\_\_\_\_  
Was there assessable personal property at this address December 31, 2003?  yes  no  
Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Description of Equipment</b>	<b>Date Acquired</b>	<b>Original Cost</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With the introduction of Renaissance Zone laws many special situations and or circumstances have arisen. If you have a situation that this affidavit does not address, please feel free to use the following space to add additional information. Additional sheets may be attached if necessary.

\_\_\_\_\_

**This form was prepared by:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

*For further assistance completing this form, or information regarding Renaissance Zone laws and rules, please contact:*

City of Saginaw Assessor's Office  
1315 S. Washington Ave.  
Saginaw, MI 48601  
(989) 759-1471

**YOUR SIGNATURE CERTIFIES THAT  
YOU DO NOT OWE ANY DELINQUENT  
TAXES AS OF DECEMBER 31, 2003**