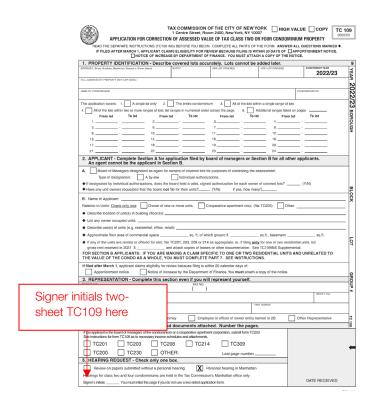


Tax Commission Application Instructions TC109 Unit Owner Page 1

INSTRUCTIONS TC109

UNIT OWNER FILINGS

If the form is printed out as two sheets (rather than double-sided), the signer must initial the front page at the bottom left.



Signature. Signature. The signature section is at the bottom of the second page. The Tax Commission is requiring that all forms be notarized. The applicant should

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sign before a notary. Therefore, the dates that the signer and notary sign the form should match. Please make sure that the signer's name and title is accurate.

SIGNATURE AND OATH				
partnership or a member instructions. NOTE: Form Signer is (check one of i The Applicant note iii General partner of partner	is box should be checked. ership Applicant named in Par	wedge of the facts who is the Applicant, a fid LC), which legal entity either is the Applicar orney may be required. If required and lecked, mark application "Special Cour pplicant is an individual.) II. Officer t 2. iv. Member or manager of, or ir nt for the Applicant named in Part 2. TO	it, or a general partner or mem not attached to this applica isel Review" on the top of p of corporate Applicant, or Bo idividual officer of LLC Applic	ber or manager of the Applicant. See titon, it will be dismissed. lage 1. bard of Managers, named in Part 2. cant named in Part 2.
		Fact 2. To	•	
		LLC, enter name of entity:		, ,
vii. An officer, general partner Enter name of entity, relation	er, or member or manager of a ship to Applicant and signer's	n entity that is the general partner, men title: Name of entity	nber or manager of the Appl	icant.
Relationship to Applicant			Title	
	igns here	ng all relevant instructions, v ttachments, and I certify tha ification, is being relied up wm subject me to the provisions of the pe	Dates	esponsible for the of my knowledge any willfully false
PRINT CLEARLY NAME OF PERSON SIGNING:	Notary signs here		That law relevant to the making	g and ming of false statements.
Signed: X	-	Date	-	
County	State	Date		
Sworn to before me (signature of	notary): X	•		NOTARY STAMP
D1000				TO 400

Section 2. Review the information in section 2B. Please contact us if there are inaccuracies.

Α. [Board of Managers designated as agent for owners of covered lots for purposes of contesting the assessment.
	Type of designation: A by-law Individual authorizations.
	lesignated by individual authorizations, does the board hold a valid, signed authorization for each owner of covered lots? (Y/N)
◆ Ha	ve any unit owners requested that the board not file for their units? (Y/N) If ves. how many?
B. N	ame of Applicant:
Relati	ion to Units: Check only one: Owner of one or more units Cooperative apartment corp. (file TC203)
♦ De	escribe location of unit(s) in building (floor(s)):
♦ Lis	st any owner occupied units:
♦ De	escribe use(s) of units (e.g. residential, office, retail):
◆ Ap	pproximate floor area of commercial spacesq. ft, of which ground flsq.ft., basementsq.ft.
	any of the units are rented or offered for rent, file TC201, 203, 208 or 214 as appropriate, or, if filing only for one or two residential units, list oss rent received in 2021 S and attach copies of leases or other documentation. See TC109INS Supplemental.

Sections 7 and 8. If this application is for one or two residential units, review section 7 Contact us with any changes. Section 8 should already be complete. Review.