



OFFICE USE ONLY:

# MULTIFAMILY TAX EXEMPTION PROGRAM APPLICATION

City of Ferndale Community Development Department  
2095 Main Street/ PO Box 936  
Ferndale, WA 98248 (360) 685-2359  
[www.cityofferndale.org](http://www.cityofferndale.org)

Submittal Requirements:

- Submit all application materials electronically here: [www.cityofferndale.org/permits](http://www.cityofferndale.org/permits)
- Upload all submittals listed in [FMC 14.07.050 Table 1: Land Use Submittal Requirements](#)
- Submittal questions: call (360) 685-2359

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**Please read the following before filling out the application:**

1. Applications must be submitted any time **prior** to issuance of the first building permit by City of Ferndale Community Development Department for the project described in this application. Permits may be picked up any time after the Owner submits an application to the Community Development Department.
2. See [Ferndale Municipal Code Chapter 3.38](#) for Eligibility Requirements and additional information. Contact Jesse Ashbaugh at (360) 685-2368 or [jesseashbaugh@cityofferndale.org](mailto:jesseashbaugh@cityofferndale.org) if you have questions related to the MFTE program.

**APPLICATION**  
**Multifamily Housing Property Tax Exemption**  
(Pursuant to [Chapter 3.38](#) of the Ferndale Municipal Code)

**Applicant's Information**

Owner: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner's  
Representative: \_\_\_\_\_  
(if applicable)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary contact name and number: \_\_\_\_\_

*Note: This application is intended to be signed by the building owner of record. The application may be rejected or additional documentation required if the signer is other than the building owner of record.*

**Property Information**

Interest in property:  
 Fee Simple  Contract purchase  Other (describe) \_\_\_\_\_

County Assessor's parcel account number(s): \_\_\_\_\_

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

Legal Description (Attach separate sheet if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Project Information</b>
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Project Name or Designation: \_\_\_\_\_

Brief written description of the project (preliminary schematic design, description of unit finishes, site plan and floor plans of the units and structure must be submitted with this application):

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Type of Project (check all that apply):

Rental  Owner-Occupied

Number of Housing Units Proposed: Rental \_\_\_\_\_ Owner-occupied \_\_\_\_\_ Total \_\_\_\_\_

Floor area: Building total (sq. ft.) \_\_\_\_\_ For permanent residential occupancy (sq. ft.)\* \_\_\_\_\_

If there are multiple buildings, please list them separately.

\*Include residential common areas, circulation and mechanical space, and residential parking in calculation of residential square footage. Exclude housing units offered for rent for periods of less than one month.

**Construction costs and permit status:**

Projected total cost of new construction/rehabilitation: \$ \_\_\_\_\_

If mixed use, projected cost of residential improvements: \$ \_\_\_\_\_

Estimated construction start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

List permits (with permit numbers) and approvals obtained as of the date of tax exemption application:

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**Rental Unit Information**

A. Unit Type (# BRs)	B. Total # of units	C. Approx. avg. sf.
Replacement Unit		
Studio		
1BR		
2BR		
3+BR		
<b>Total</b>		

**Owner-Occupied Unit Information**

Unit Type (# BRs)	Total # of units	Approx. avg. sf.
Studio		
1BR		
2+BR		
<b>Total</b>		

**Non-residential Space** (if applicable)

Description: \_\_\_\_\_ Floor Area (sq. ft.): \_\_\_\_\_

**CHECK ALL THAT APPLY:**

**New Construction.** Will any occupied housing units be demolished?  YES  NO  
 Were any occupied housing units demolished in the past 18 months on this site?  YES  NO  
 Date of demolition: \_\_\_\_\_  
 # of existing units to be demolished \_\_\_\_\_ # of units demolished in past 18 months \_\_\_\_\_  
 If yes, will or have any residents be displaced, as part of this project?  YES  NO

**Other City of Ferndale Programs.** Do you intend to apply to any other City of Ferndale incentive programs?  YES  NO

If yes, please state the incentive program and the status of that application:

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**Rehabilitation of Vacant Units.** # of vacant housing units \_\_\_\_\_

Date units last occupied: \_\_\_\_\_ Building  is  is not in compliance with applicable building and housing codes.

- Attach verification from the Community Development Department if building is not in compliance with building and housing codes.

**Rehabilitation of Occupied Units.** Will four or more additional units be created as part of a rehabilitation project?  YES  NO

If yes, will any residents be displaced as part of this project?  YES  NO

<b>Attachments to Application</b>
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Please attach and check the following:

- A brief written description of the units, schematic site plans, floor plans, and unit layouts of the multifamily housing units and the structure(s) in which they are to be located; every unit layout must include detailed information that adequately demonstrates the number of bedrooms.
- A current title report.
- Copies of documents evidencing the type of Owner entity or entities and organizational structure, such as operating agreements, incorporation documents or partnership agreements.
- A sample signature block for the Owner entity.
- Evidence of authority of the person or persons signing the application.
- For rehabilitation of an existing vacant structure, verification from CDD of non-compliance with applicable building and housing codes.
- Application fee of \$300.00.
- If applicable, Rehabilitation of Vacant Building Affidavit (form available from Community Development Department), filled out and signed by Owner before a Notary Public.

**Statement of Potential Tax Liability**

If the exemption is canceled for non-compliance an additional tax will be imposed that includes: (a) the difference between the tax paid and the tax that would have been owed if it had included the value of the non-qualifying improvements dated back to the date that the improvements became non-qualifying; (b) a penalty of 20% of the difference; (c) interest at the statutory rate on the tax and penalties calculated from the date the tax would have been due without penalty if the improvements had been assessed without regard to the exemptions provided by Chapter 84.14 RCW and Chapter 3.38 FMC.

Owner's initials: \_\_\_\_\_

**Certification**

As owner(s) of the land described in this application, I/We hereby indicate by my/our initials below that I/we are aware of the additional tax liability to which the property will be subject if the exemption authorized by Chapter 84.14 RCW and Chapter 3.38 FMC is canceled.

Owner's initials: \_\_\_\_\_

I/We declare under penalty of perjury under the laws of the State of Washington that the information contained in this Application and any attachments are accurate and correct to the best of my/our knowledge.

Owner's Signature	Date
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Print Name	Title
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Owner's Signature	Date
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Print Name	Title
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**AFFIDAVIT**  
**(REHABILITATION OF A VACANT BUILDING)**

STATE OF WASHINGTON          )  
  )ss.  
COUNTY OF WHATCOM        )

The undersigned, being first duly sworn on oath, deposes and says:  
That the \_\_\_\_\_ (\_\_) existing dwelling units in the building located at \_\_\_\_\_, Ferndale, Washington 98248 have been vacant for a period of at least 12 months prior to the filing of the undersigned’s application for tax exemption under the City of Ferndale’s Multifamily Housing Property Tax Exemption Program, Chapter 3.38 of the Ferndale Municipal Code.

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

\_\_\_\_\_  
Print Name

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
NOTARY PUBLIC in and for the State  
of Washington, residing at \_\_\_\_\_  
My commission expires: \_\_\_\_\_