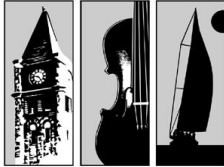


**MUSKEGON**



West Michigan's Shoreline City  
www.shorelinecity.com

**CITY OF MUSKEGON  
RENAISSANCE ZONE CERTIFICATION APPLICATION  
RESIDENTIAL**

**Tax Year 2011**

Name (PLEASE PRINT): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street address

City State Zip

Ren. Zone address (if different from mailing address) \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer's Name: \_\_\_\_\_ OR Retired: \_\_\_\_\_  
(check if retired)

Employer's Address: \_\_\_\_\_

1. Are you the owner or tenant of the above Renaissance Zone property? (circle one) Owner Tenant

2. If you are the tenant, complete the following:

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Term of Lease \_\_\_\_\_

3. Date you established Renaissance Zone Address: \_\_\_\_\_

4. Are you delinquent in filing a tax return for or paying any State of City income tax for any year? (circle one) Yes No

5. Are you currently delinquent in paying any State, City, County, or School property tax, fees, or special assessments for any year? Yes No

6. Are you currently delinquent in filing or paying any Michigan Single Business Tax for any year? Yes No

*Please note that any delinquent taxes/accounts with the City of Muskegon may result in the denial of your Renaissance Zone application*

**Waiver of Confidentiality and Consent to Disclosure**

Claimant attests under penalty of perjury that the information provided in this statement is true. Claimant understands and agrees that the information within this Statement is submitted voluntarily, for the purposes of obtaining tax relief under the Michigan Renaissance Zone Act, P.A. 376 of 1996. Claimant further understands and agrees that in order to determine whether Claimant qualifies for the tax relief provided under Act 376, it will be necessary to disclose the information provided within this Statement to various entities, including but not limited to: the State of Michigan, the City of Muskegon, the County of Muskegon, and to other agencies as necessary. Claimant hereby waives any right to confidentiality provided under any laws, and hereby consents to the disclosure of any information provided within this Statement, including but not limited to: Claimant's name, address, telephone number, social security number, federal identification number, personal property numbers and other information contained herein to the extent necessary to administer the provisions of Act 376. Claimant understands and agrees to continue to satisfy the requirements of Act 376 in order to maintain eligibility under Act 376 for tax relief. Claimant agrees to notify the City of Muskegon forthwith if it loses eligibility status for tax relief under Act 376. Claimant understands that information contained herein is subject to the Freedom of Information Act.

**Certification: I do hereby certify that the information contained above is true and accurate to the best of my knowledge**

**X** \_\_\_\_\_  
Claimant's Signature Date



.....

**Office Use Only:**

Status _____	<u>City of Muskegon</u> IT TO ZP PS EG	<u>County of Muskegon</u>	<u>State of Michigan</u> IT SBT
Compliance Non-Compliance			
Muskegon Income Tax _____	Muskegon Treasury _____	Muskegon Planning & Zoning _____	Muskegon Public Safety _____
Muskegon Engineering _____	County of Muskegon _____	State of Michigan _____	

**APPROVED**  
**DISAPPROVED**

\_\_\_\_\_  
Muskegon Community & Economic Development  
Date \_\_\_\_\_

.....

Please return completed form BY **JANUARY 6, 2012** to:

City of Muskegon Planning Dept.  
Attn: Ren. Zones  
P.O. Box 536  
Muskegon, MI 49443