



**TRANSIT-ORIENTED DEVELOPMENT INCENTIVE  
PROGRAM APPLICATION  
ECONOMIC & INTERNATIONAL DEVELOPMENT DEPARTMENT**

**\*APPLICATION SUBMITTAL PRIOR TO CONSTRUCTION START REQUIRED\***

**I. CONTACT INFORMATION**

PROPERTY OWNER(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CELL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ FAX \_\_\_\_\_  
 REPRESENTATIVE(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**II. COMPANY INFORMATION**

**IS YOUR COMPANY CLASSIFIED AS ANY OF THE FOLLOWING:**

1. SMALL BUSINESS ENTERPRISE (SBE)? *(Firm revenue ranging from \$1 million to over \$40 million and by employment from 100 to over 1,500 employees varies by NAICS code on SBA website.)* \_\_\_ YES \_\_\_ NO
2. WOMEN-OWNED BUSINESS ENTERPRISE (WBE)? *(Be at least 51% owned and controlled by women who are U.S. citizens, have women manage day-to-day operations who also make long-term decisions.)* \_\_\_ YES \_\_\_ NO
3. MINORITY BUSINESS ENTERPRISE (MBE)? \_\_\_ YES \_\_\_ NO  
 AFRICAN AMERICAN (\_\_\_) AMERICAN INDIAN OR ALASKAN NATIVE (\_\_\_) ASIAN (\_\_\_) HISPANIC (\_\_\_) PACIFIC ISLANDER (\_\_\_) OTHER (\_\_\_)
4. DISADVANTAGED BUSINESS ENTERPRISE (DBE)? *(The firm must be 51% or more owned and controlled by one or more disadvantaged persons.)*  
 \_\_\_ YES \_\_\_ NO
5. LESBIAN, GAY, BISEXUAL, TRANSGENDER BUSINESS ENTERPRISE (LGBTBE)? *(Be at least 51% owned and operated by LGBT individuals.)* \_\_\_ YES \_\_\_ NO
6. VETERAN OWNED BUSINESS? *(Have no less than 51% of the business owned and controlled by one or more veterans.)* \_\_\_ YES \_\_\_ NO

For further information please visit [www.sba.gov](http://www.sba.gov)

**III. PROPERTY INFORMATION**

PROPERTY ADDRESS: \_\_\_\_\_  
 LEGAL DESCRIPTION: \_\_\_\_\_  
 PRESENT LAND USE: \_\_\_\_\_ PROPOSED LAND USE: (e.g. Housing, Mixed-Use) \_\_\_\_\_  
 IS PROPERTY CURRENTLY VACANT? YES \_\_\_ NO \_\_\_ IF YES, ESTIMATE PERCENTAGE \_\_\_\_\_  
 WILL PROPERTY BE USED FOR HOUSING? YES \_\_\_ NO \_\_\_  
 PROPOSED ZONING: \_\_\_\_\_  
 TOTAL SQUARE FOOTAGE OF PROPOSED CONSTRUCTION / RENOVATION \_\_\_\_\_  
 BREAKDOWN OF SQUARE FOOTAGE BY USE (ie: residential, retail, office, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**City of El Paso, Texas, 123 W. Mills Avenue Suite 111, El Paso, TX 79901-1196 (915) 212-0094**

<b>**OFFICE USE ONLY**</b>	
RECEIVED DATE: ____/____/____	ACCEPTED BY: _____
Revised 12 / 2€GG	

**IV. INFILL ELIGIBILITY CRITERIA**

CONSTRUCTION START DATE \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

CURRENT TOTAL EL PASO CENTRAL APPRAISAL DISTRICT (CAD) APPRAISED VALUE (attach tax statement) : \_\_\_\_\_

ESTIMATED CONSTRUCTION / RENOVATION COST (Exhibit A): \_\_\_\_\_

PREVIOUS TAX RELIEF GRANTED TO ANY PORTION OF THIS PROPERTY? (If so, describe the type and duration): \_\_\_\_\_

- 1) S THIS PROPERTY LOCATED WITHIN A TIF (Tax Increment Finance District) or TIRZ (Tax Increment Reinvestment Zone)? YES \_\_\_\_\_ NO \_\_\_\_\_
- 2) S PROPERTY LOCATED WITHIN AN EMPOWERMENT ZONE? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3) S PROPERTY LOCATED WITHIN A REDEVELOPMENT AREA? YES \_\_\_\_\_ NO \_\_\_\_\_
- 4) S PROPERTY LOCATED WITHIN A HISTORIC DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_, IF YES, which one: \_\_\_\_\_
- 5) S PROPERTY LOCATED WITHIN AN OLDER NEIGHBORHOOD (over 30 years) ? YES \_\_\_\_\_ NO \_\_\_\_\_

**V. ADDITIONAL INFORMATION**

OWNER(S) OF RECORD FOR THE ABOVE DESCRIBED PARCEL(S):

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

OWNERS'S REPRESENTATIVE FOR THE ABOVE DESCRIBED PARCEL(S):

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Note: Signatures are required for all owners of record for the property proposed for rezoning. Attach additional signatures on a separate sheet of paper.*

**REQUIRED DOCUMENTATION FOR TAX EXEMPTION APPLICATION**

- APPLICATION FOR TAX INCENTIVE** - Each item on this application shall be completed and all documentation required on this form shall be submitted before this application is accepted for processing. Submittal of an application does not constitute acceptance for processing until the Department reviews the application for accuracy and completeness.
- CONCEPTUAL CONSTRUCTION DRAWINGS** - One (1) full size copy and one (1) copy on 8 1/2" x 11" paper of the written description of property.
- CERTIFIED CITY TAX CERTIFICATE** - Certified city tax certificates may be obtained at the city Tax Office, 1st Floor, City Hall Building. For any tax exemption, delinquent taxes must be paid in full before the tax abatement may proceed.
- COST ESTIMATES OF PROPOSED PROJECT - Exhibit A** - List each item of work and the cost of each item.
- PROOF OF OWNERSHIP** - One (1) copy of a certificate from a title company, warranty deed, or other legal document demonstrating that the individual(s) or corporation making the application for tax exemption is the current property owner. Ensure
- PHOTOGRAPHS** - Color photographs showing current conditions of the site and structures
- STATEMENT OF CERTIFICATE** - Certification by the applicant that all the information on this application is correct and that the program regulations have been understood.



## VI. STATEMENT OF CERTIFICATIONS

I certify that the information on this application is correct.

I authorize City officials to visit and inspect the property as necessary to certify eligibility and verification for a tax abatement and applicable financial incentives.

I acknowledge, have read, and understand the program regulations, and that I will not receive a public benefit until all the program requirements have been met and verified by the Director or assigned staff.

I understand that all construction and/or rehabilitation work must be completed within the time period set out in the agreement with the City.

I agree not to knowingly employ any undocumented workers as defined in Texas Government Code Section 2264.001.

I understand that if property is to be used for attainable, rental housing, the City of El Paso will require a set affordability period of five (5) years for rental units with controls on rental prices charged to income qualified households, to include recordation of declaration of restrictive covenants placed on the land.

I understand that no incentives rights may be sold or assigned and incentives can not be transferred as a result in the change on major ownership of the property without the expressed written consent of the City of El Paso.

I understand that if the proposed project is not completed as specified in the application, or the terms of the agreement are not met, the City of El Paso has the right to cancel or amend the incentive agreement, recapture any rebated or exempted taxes and fees, and assess penalty payments for the amounts previously secured by City liens against the property and all previously waived fees and abated taxes shall become due to the City.

\_\_\_\_\_  
Property Owner Printed Name

\_\_\_\_\_  
Property Owner Signature

**EXHIBIT A: DETAILED COST ESTIMATE OF REHABILITATION/RESTORATION WORK**  
(Additional sheets may be added or substituted)



**TYPE OF WORK: DESCRIBE IN DETAIL**

	AMOUNT
<b><u>TOTAL</u></b>	\$

**OTHER QUESTIONS**

- WILL JOBS BE RETAINED OR CREATED AS A RESULT OF THIS PROJECT? IF SO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ARE THERE ANY LIENS AGAINST THE PROPERTY? IF SO, PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- BRIEFLY DESCRIBE YOUR PLANS FOR THE PROPERTY AND HOW IT CAN ENHANCE THE NEIGHBORHOOD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_