

Certification of Use of Property Tax Rebate

Child Care Provider Property Tax Rebate Incentive Program



Applicant Name: _____

Applicant Contact Name and Title: _____

Child Care Center Property Address: _____

Name of Child Care Center Operating on the Property: _____

I, _____ [name of Applicant], on behalf of myself and/or as the duly authorized representative of the Applicant, hereby certify that _____ [name of property owner] is the owner of the real property located at _____ [Child Care Center Property Address] (hereinafter the "Property"). I certify that I have read and understand the rules and regulations set forth in the Adams County Child Care Provider Property Tax Rebate Incentive Program (hereinafter the "Program").

I hereby certify that _____ [name of child care provider] is a Child Care Provider as defined in the Program, and the Child Care Provider listed herein has leased the Property since ____ / ____ / ____ [date]. Based on the use of the Property as a child care center, I understand that the owner of the Property ("Owner") may be eligible to receive a rebate of a portion of the county share of property taxes for the prior tax year.

I further understand and expressly guarantee Owner will remit 100% of any rebated funds directly to the Child Care Provider listed above within thirty (30) days of receipt, as required by the Program. I acknowledge that failure to do so will render the application ineligible now and in the future and will also constitute a false statement subject to the penalties outlined in the Program.

I hereby certify all information submitted as part of the application and contained in this Certification of Use of Property Tax Rebate is true and correct to the best of my knowledge. I understand an application for a Property Tax Rebate that is approved based on false or incomplete information may terminate the rebate and/or terminate eligibility for participation in the Program in future years. False statements may be referred to appropriate legal and/or law enforcement authorities under applicable law.

By signing below, I also certify I am authorized to sign on behalf of any entity listed above as the owner of the Property.

Property Owner:

BY: _____ ATTEST: (if a corporation, LLC or LP)
Printed Name: _____ Name: _____
Title: _____ Title: _____
Date: _____ Date: _____

Signature of Notary Public Required:

STATE OF _____)
) ss.
COUNTY OF _____)
Signed and sworn to before me on _____, 20____
by _____ [name of individual making statement].
Witness my hand and official seal

Notary Public

My commission expires: _____ My commission number: _____

