

**APPLICATION FOR TAX REBATE UNDER THE COUNTY OF PRATT  
NEIGHBORHOOD REVITALIZATION PLAN**

**PART 1 (A)**

**A non-refundable application fee must accompany this application.**

Owner's Name: \_\_\_\_\_ Day Phone No.: \_\_\_\_\_  
(Please Print)

Owner's Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ School District No. \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_  
(Copy from your tax statement or call the County Appraiser's Office)

Legal Description Of Property:

(Use additional sheets if necessary)

Proposed Property Use:

RESIDENTIAL: \_\_\_\_\_ New OR \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental OR \_\_\_\_\_ Owner-Occupied

\_\_\_\_\_ Residence \_\_\_\_\_ Other(Explain) \_\_\_\_\_

\_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Number of Units

COMMERCIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

INDUSTRIAL: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

AGRICULTURE: \_\_\_\_\_ New \_\_\_\_\_ Rehab; \_\_\_\_\_ Rental \_\_\_\_\_ Owner-Occupied

Does the applicant own the land? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the proposed project be on a foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will the proposed project be taxed? \_\_\_\_\_ Personal Property \_\_\_\_\_ Real Estate

Will it be permanently attached to the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

I have read and do hereby agree to follow all application procedures and criteria. An itemized statement of costs will need to be turned in when I have completed my project, I understand this will be necessary to receive my rebate. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project. I further agree to complete the questionnaire attached to this application.

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

\_\_\_\_\_  
Date

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**PART 1 (B) RESIDENTIAL**

**Any and all financial information reported on this form will be considered confidential  
and will not be subject to public disclosure as provided in K.S.A. 45-221 (b)**

**GENERAL**

Estimated Date of Completion \_\_\_\_\_

List of Buildings Proposed to Be Demolished \_\_\_\_\_

Estimated Cost of Improvements: (Please attach copies of cost documentation and Blueprints or Plans)

Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ **MUST BE OVER \$5,000 TO QUALIFY FOR REBATE**

Please check one of the following that best describes the construction of your property.

☐ All Contractor Built (turn-key)      ☐ Prebuilt Home moved on site      ☐ Modular Home

☐ Contractor built with owner participation      ☐ All owner built      ☐ Other \_\_\_\_\_

Amount of Owner Participation: \_\_\_\_\_ Hours \_\_\_\_\_ Percent of Project \_\_\_\_\_ Value \_\_\_\_\_

**NEW RESIDENTIAL**

Story Height \_\_\_\_\_ Basement Size \_\_\_\_\_ Heating & Cooling \_\_\_\_\_

Square Feet of Finished Living Area - Basement \_\_\_\_\_ Ground Floor \_\_\_\_\_ Upper Floor \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Square Feet of Unfinished Area \_\_\_\_\_

Garage Size \_\_\_\_\_ ☐ Attached ☐ Detached

**RESIDENTIAL REMODEL**

Square Feet of Living Area Added \_\_\_\_\_ ☐ Basement ☐ Ground Floor ☐ Upper Floor

Rooms to be Remodeled (Please Mark all that Apply)

☐ Living Room      ☐ Bedroom      ☐ Bathroom      ☐ Kitchen

☐ Dining Room      ☐ Basement      ☐ Other \_\_\_\_\_

Rooms to be Added (Please Mark all that Apply)

☐ Living Room      ☐ Bedroom      ☐ Bathroom      ☐ Kitchen

☐ Dining Room      ☐ Basement      ☐ Other \_\_\_\_\_

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

\_\_\_\_\_  
Date