

# Vacancy/Occupancy Affidavit

**Cook County  
Assessor's Office**

Appeal Year \_\_\_\_\_  
Appeal No: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, on oath depose and say that I am the owner/managing agent of the property located at \_\_\_\_\_  
(PROPERTY INDEX NUMBER(S))  
in \_\_\_\_\_, subject of the above complaint, and that I have  
(CITY)  
personal knowledge that the occupancy of the building(s) for the year \_\_\_\_\_ is as follows:

|              | Total Sq. Ft. of Commercial/Industrial Area Occupied * | Total Sq. Ft. of Commercial/Industrial Area Vacant * | Total Sq. Ft. of Commercial/Industrial Area * | Condos or Apartments (Please circle)                             |   | Total Number of Residential Condo/Apartments |
|--------------|--|--|---|--|---|--|
|              |  |  |   | Total Number of Residential Condos/Apartments<br><u>Occupied</u> | Total Number of Residential Condo/Apartments<br><u>Vacant</u> |  |
| January      |  |  |   |  |   |  |
| February     |  |  |   |  |   |  |
| March        |  |  |   |  |   |  |
| April        |  |  |   |  |   |  |
| May          |  |  |   |  |   |  |
| June         |  |  |   |  |   |  |
| July         |  |  |   |  |   |  |
| August       |  |  |   |  |   |  |
| September    |  |  |   |  |   |  |
| October      |  |  |   |  |   |  |
| November     |  |  |   |  |   |  |
| December     |  |  |   |  |   |  |
| <b>Total</b> |  |  |   |  |   |  |

Total annual percent weighted vacancy of Industrial/commercial space \_\_\_\_\_

Total annual percent weighted vacancy of Residential condo/apartments \_\_\_\_\_

**\* Include Commercial condos here.**

(Please check all boxes that apply)

- Photos of the vacant space are included with this appeal
- Attempts to lease the vacant space were made. \_\_\_\_\_  
(list all attempts made to lease vacant space)

Attach all listing agreements executed for the last three years.

- No attempts were made to lease the vacant space because: \_\_\_\_\_

**For vacancy appeals, the following information is needed: Three preceding years of actual historical income and expense information and a current year rent roll. Other relevant additional supporting documentation also may be attached to this affidavit.**

4. \_\_\_ Since the space in question became vacant there has been approximately \_\_\_\_\_ showings \_\_\_\_\_ inquires \_\_\_\_\_ offers

5. \_\_\_ If offer(s) failed to result in leasing the vacant space, the reason(s) were:

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6. For the preceding and calendar years vacancy factors were applied in excess of 15% by:

|      | 2025  | 2024  | 2023  |
|------|-------|-------|-------|
| CCAO | ____% | ____% | ____% |
| BOR  | ____% | ____% | ____% |
| BOTH | ____% | ____% | ____% |

Reason(s) for requested vacancy relief for the current appeal year (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> New Construction                            | <input type="checkbox"/> Building Rehabilitation  |
| <input type="checkbox"/> Initial Start-Up Occupancy                  | <input type="checkbox"/> Conversion to Condominiums   |
| <input type="checkbox"/> Tenant Preparation or Build-out             | <input type="checkbox"/> Repair of Prior Tenant Damage                                      |
| <input type="checkbox"/> Fire, Flood, Natural Disaster               | <input type="checkbox"/> Alteration, Modification or Conversion to New Use or Configuraton  |
| <input type="checkbox"/> Modification of Original Plans              | <input type="checkbox"/> Building Code Compliance   |
| <input type="checkbox"/> Construction or Completion Delay            | <input type="checkbox"/> Governmental or Court Order  |
| <input type="checkbox"/> Zoning                                      | <input type="checkbox"/> Closure Notice or 'Red Tag'  |
| <input type="checkbox"/> Plans and Permits                           | <input type="checkbox"/> Structural, Mechanical, Electrical, Roof, Plumbing or HVAC Failure |
| <input type="checkbox"/> Community Hearing(s) / Review               | <input type="checkbox"/> Bankruptcy of Tenant(s)  |
| <input type="checkbox"/> Local Approval or Ordinance                 | <input type="checkbox"/> Loss of Major Tenant(s)  |
| <input type="checkbox"/> Financing                                   | <input type="checkbox"/> Physically Occupied with Rental Abatements                         |
| <input type="checkbox"/> Final Inspection / Certificate of Occupancy | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Eviction of Tenant(s)                       | _____   |
| <input type="checkbox"/> Demolition                                  | _____   |
| <input type="checkbox"/> Environmental Remediation                   | _____   |

Subscribed and sworn before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

[Notary Seal or Stamp]

Further affiant sayeth not.

\_\_\_\_\_  
Affiant