

City of Janesville, MN

101 N. Mott Street • P.O. Box O • Janesville, MN 56048
Phone: (507) 234-5110 • Fax: (507) 234-5236 • www.janesville.govoffice.com

HOUSING TAX ABATMENT REFUND PROGRAM APPLICATION

Full Name: _____ **Date:** _____
Last First M.I.

Subject Property: _____ *Janesville, MN 56048*
Street Address P.I.D.

Subdivision Lot Block

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

All property taxes, assessments and utility charges must be current before refund can be made. Property owner must agree to provide property tax statements and assessed market value statements to the City to process refund applications. Tax refund under the program will be made in or before December.

Signature: _____ **Date:** _____

CITY USE

Building Permit #: _____ **Building Permit Value:** \$ _____

Assessed Market Value BEFORE construction (estimated): \$ _____

Assessed Market Value AFTER construction (estimated): \$ _____

ESTIMATED amount to be refunded: Year One (during construction): \$ _____

Year Two: \$ _____

Year Three: \$ _____

Year Four: \$ _____

Year Five: \$ _____

Estimated Total: \$ _____