

Ron Mozer
Mayor
Director of Public Affairs



CITY OF MONESSEN

575 Donner Avenue
Monessen, PA 15062
Phone: 724-684-9000

MEMBERS OF COUNCIL:

Anthony Orzechowski
Director of Accounts & Finance

Lois Thomas
Director of Streets & Parks

John Nestor
Director of Public Safety

Don Gregor
Director of Parks & Public Property

Gerry Saksun
City Treasurer

Rosalie Nicksich
City Controller

Joseph Dalfonso
Solicitor

Mike Korposh
City Administrator

TAX FORGIVENESS APPLICATION

Checklist

Please check the boxes below to indicate that you are including the following items which are required by the City of Monessen Tax Forgiveness Program Ordinance:

- Check or money order payable to the City of Monessen for the application fee.
- Completed application form.
- Title search report issued in last sixty (60) days of the date of application.
- Documentation of assessed value from Westmoreland County Tax Assessment Office
- Notarized sales agreement executed by transferee.
- Copy of recorded deed evidencing ownership or proposed deed.
- Description of work to be completed and estimate of work to be completed.
- Evidence of financial capacity to complete planned improvements/remediation.
- Tax certification from Westmoreland County Tax Claim Bureau evidencing tax liens.
- Tax certification evidencing no tax delinquencies on properties owned by Applicant.
- Affidavit of Non-Collusion.
- Affidavit of Non-Displacement.
- Evidence of property insurance.
- Executed Agreement.

APPLICATION INSTRUCTIONS

Overview

This Application is to be utilized for any person, organization, corporation, limited liability company, partnership or association seeking tax forgiveness in return for rehabilitation of tax delinquent and vacant properties within the City of Monessen and in accordance with the City of Monessen Tax Forgiveness Program Ordinance.

The City of Monessen (“City”) Tax Forgiveness Program will be implemented and utilized as a tool to remediate and reduce the number of blighted properties located throughout the City. Currently, the City is plagued with vacant and blighted residential properties that contain liens for delinquent real estate taxes levied by the City, Monessen School District (“School District”) and Westmoreland County (“County”).

Qualified Properties

Properties possessing only delinquent taxes will be considered for the Tax Forgiveness Program. Properties that have additional liens, such as, but not limited to mortgages, will not be considered.

Qualified Applicants

An Applicant may be an individual or business entity and shall not possess or own property within the City of Monessen that is delinquent on any taxes or municipal fees.

Application Process

Applicants must complete the within Application and provide full, complete, and accurate information. Failure to do so, will result in the Application being rejected upon review by the City Administrator.

A completed Application will be submitted to the Joint Committee for review and a decision regarding a recommendation to the City and School District will be made within 90 days.

Applicants must expend funds utilized to remediate the property in the amount of at least fifty (50%) of the total tax delinquency or an amount that is necessary to render the property habitable, whichever is greater and the amount may be changed time to time by resolution of Council.

Applicants will be restricted from assigning, transferring, leasing, or otherwise conveying the property for a period of one (1) year after being approved into the Program or until the property is habitable.

Applicants will have one (1) year to complete rehabilitation of the property. Failure to do so will result in court action for breach of contract in the amount of taxes that were forgiven.

Applicant must allow the Code Enforcement Officer to inspect the property upon at least three (3) days’ notice and shall be subject to an inspection no less than once every three (3) months.

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TAX FORGIVENESS PROGRAM APPLICATION

Applicant Information

Name of Applicant: _____

Applicant Mailing Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Address of Properties
Owned in City of Monessen: _____

Is the Applicant current on all real estate taxes for the properties listed above?

Yes No Not Applicable

Has the Applicant submitted a tax certification from the Westmoreland County Tax Claim Bureau evidencing the non-existence of delinquent taxes on the above properties?

Yes No Not Applicable

Property Information (Attach additional information as necessary.)

Address of Property: _____

Parcel ID of Property: _____

Type of Structure: _____
** Commercial/Residential*

Previous Owner Name: _____

Previous Owner Address: _____

Property Occupancy: ___ Vacant ___ Occupied

Title Search Completed by: _____
** Include copy of Title Search Report with Application*

Current Assessed Value: _____
** Include documentation from County Tax Assessment Office.*

Date of Sales Agreement: _____
** Include copy of Sales Agreement*

Date of Deed Recording: _____
** Include copy of Recorded Deed or Proposed Deed.*

Amount of Delinquent Taxes: City _____ School District _____ County _____
** Include Tax Certifications from County Tax Claim Bureau.*

Existence of unpaid water, utility bills, municipal service fees:

Yes No

If yes, please identify the delinquency:

Description of Necessary Repairs to Achieve Occupancy:

** Attach additional information as necessary.*

Estimated Cost of Repairs to Achieve Occupancy:

** Attach additional information as necessary. (i.e. Estimates from contractors)*

Evidence of Financial Capacity to Complete Repairs to Achieve Occupancy:

** Attach additional information as necessary (i.e. funding commitment letter, personal financial statement, or bank statements)*

Property Insurance Information:

Property Insured By: _____

Policy Number: _____

** Attach proof of property insurance.*

I hereby certify that the statements made in this Application are true and correct to the best of my knowledge, information and belief.

Date: _____

Signature: _____

Name: _____

Required Enclosures

- _____ Application Fee
- _____ Completed Application Form
- _____ Title Report
- _____ Documentation of Assessed Value
- _____ Executed Sales Agreement
- _____ Copy of Deed
- _____ Evidence of Financial Capacity
- _____ Tax Certifications
- _____ Affidavit of Non-Collusion
- _____ Affidavit of Non-Displacement
- _____ Proof of Property Insurance
- _____ Additional information when more space was needed to fully complete application.

I hereby certify that I have included the above information and said information contains true and accurate information to the best of my knowledge.

Date: _____

Signature: _____
Name: _____

INTERNAL TRACKING

Date of Application: _____

Application Complete? _____ **Yes** _____ **No**

Omitted information: _____

Date Applicant was Notified of Incomplete Application: _____

Date Transmitted to Joint Committee: _____

Date: _____

Signature: _____
Michael Korposh – City Administrator

AFFIDAVIT OF NON-DISPLACEMENT

I, _____ (Full Name of Applicant) of _____ (Address of Applicant), being of legal age is planning to make improvements to property located at _____ (Address of Property), understanding the obligation to disclose the truth in applying for tax forgiveness and understanding that there may be legal and financial penalties for knowingly making false statements or negligently omitting operative facts, and do hereby depose and say under oath as follows:

- 1. The Application for Tax Forgiveness is not being made for an improper purpose.
- 2. The Property applied for is owned by the Applicant or a valid and executed agreement exists to purchase the property.
- 3. There are no residents or businesses being displaced as a result of the planned improvements.

Witness our hand under the penalties of perjury on the ___ date of _____, 20__.

Name:

Name:

**Commonwealth of Pennsylvania
County of Westmoreland**

On the ___ date of _____, 20__, before me _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose names are subscribed to the within Affidavit of Non-Displacement and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person executed the instrument.

WITNESS my hand and official seal

Notary Public

My Commission Expires:

AFFIDAVIT OF NON-COLLUSION

I/we _____ (Name of Applicant) of
_____ (Address of Applicant), understanding the
obligation to disclose the truth in applying for tax forgiveness and understanding that there may
be legal and financial penalties for knowingly making false statements or negligently omitting
operative facts, and do hereby depose and say under oath as follows:

1. The Application for Tax Forgiveness is not being made for an improper purpose.
2. I/We have a written, executed agreement for the sale of real estate in the City of Monessen.
3. The aforementioned Agreement was completed at arms-length and includes a bonafide purchase price for the property.
4. Applicant and owner, or former owner of the property are not related through business, investment or family.
5. Applicant and owner, or former owner do not share any of the following financial interests:
 - a. An ownership or investment interest in any entity which Applicant, and owner, or former owner have a business transaction or arrangement,
 - b. A compensation arrangement between the Applicant and owner, or former owner above and beyond the purchase of the property to be forgiven of taxes through the Tax Forgiveness Program, or with any entity or individual with which the Applicant or owner, or former owner has a business transaction or arrangement, or
 - c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which either Applicant and owner, or former owner is negotiating a transaction or arrangement. For purposes of this Affidavit, “compensation” shall include direct and indirect remuneration as well as gifts or favors that are not insubstantial.

6. The aforementioned Agreement of Sale and Purchase of property was not entered into solely for the purpose of obtaining the compromise of taxes.

Witness our hand under the penalties of perjury on the ___ date of _____, 20__.

Name:

Name:

Commonwealth of Pennsylvania
County of Westmoreland

On the ___ date of _____, 20__, before me _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose names are subscribed to the within Affidavit of Non-Displacement and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person executed the instrument.

WITNESS my hand and official seal

Notary Public

My Commission Expires: