

## STATEMENT OF BENEFITS **REAL ESTATE IMPROVEMENTS**

State Form 51767 (R4 / 2-13) Prescribed by the Department of Local Government Finance 2016 PAY 2017

FORM SB-1 / Real Property

## **PRIVACY NOTICE**

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1(c) and (d).

This statement is being completed for real property that qualifies under the following Indiana Code (check one box): Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4) Residentially distressed area (IC 6-1.1-12.1-4.1)

## INSTRUCTIONS:

- 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
  Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or
- rehabilitation, BEFORE a deduction may be approved.
- To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of occupation, he can apply between March 1 and May 10 of a subsequent year.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form CF-1/Real Property annually to the application to show compliance with the Statement of Benefits. [IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(j)].

  The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property apply to any economic revitalization areas designated after June 30, 2000, unless an alternative deduction schedules is adopted by the designating body qID (6-1.1-12.1-17). The schedules effective prior to July 1, 2000, shall continue to apply to economic revitalization areas designated before July 1, 2000.

SECTION 1		ÎAXPAYER I	NFORMATION			
Name of taxpayer						
FJ Building of India	na, LLC (American Stai	ir Corporation, Inc.)				
Name of contact person	ive, Romeoville, IL 604					
Rocco Maggio			Telephone number		E-mail address	
SECTION 2			( 815 ) 886-9600 rocco@americansta		mericanstair.net	
Name of designating body	LUC	TION OF PROPOSED PROJECT  Resolution number				
City of Hammond C	itv Council				Resolution nu	mber
Location of property	County		DLGF taxing district number			
3520 Calument Ave, Hammond, IN			Lako	023		isalist fluffiber
Description of real property in	sheets if necessary)		t date (month, day, year)			
The rate and add to existing plant lacility to ensure it is structrually sound, and able to facilitate the						(,,, ,,
production and storage of metal stairs and railings for American Stair to accept professional staff.			Corporation. Build out office areas		Estimated completion date (month, day, year)	
SECTION 3 Current number	ESTIMATE OF EN	MPLOYEES AND SALAR	IES AS RESULT OF PROF			
130.00	Salaries	Number retained	Salaries	· ·		Salaries
\$5,002,004.00 T04.00			\$5,735,479.00	36.00		\$1,784,506.00
320110114	ESTIMA	ATED TOTAL COST AND	VALUE OF PROPOSED F			
			REAL ESTATE IMPROVEMENTS			
Current values			COST		ASSESSED VALUE	
Plus estimated values of proposed project			1.142,000,00 1.030,000,00			
Less values of any prop			1,030	J.000.00	<del></del>	
	pon completion of project		2 173	2,000.00		
SECTION 5	R BENEFITS PROMISED BY THE TAXPAYER					
Estimated solid waste a						
Estimated solid waste converted (pounds)			Estimated hazardous waste converted (pounds)			
Other benefits						
replacement icho from	nt facility. Production faci	lity relocated to IN. Ne	w job creation of 10 imm	ediately u	pon project	completion, with 26
employees in area.	Illinois attrition. Additions	al 40 jobs over the 10 y	ear IN abetement period	. Local co	ommerce ge	nerated by influx of
omployees in area.						
SECTION 6		TAXPAYER CER	RTIFICATION			
I hereby certify that the	ne representations in this s	statement are true.				
Signature of authorized repres	itle		Dete slave 3.4			
/		'r	EXECUTIVE VICE	7ec	Date signed (n	nonth, day, year)
	//		- LECOUNE ALCE I	·	2/19	117

opted or to be adopted by this body. Said	d resolution, passed or to be passed
ed calendar years* (see	below). The date this designation
d to:	
ears* (see below).	
n. ts and find that the estimates and expec	ations are reasonable and have
Telephone number	Date signed (month, day, year)
Telephone number	Date signed (month, day, year)
Telephone number ( ) Designated body	Date signed (month, day, year)
	calendar years* (see