

**APPLICATION FOR EXEMPTION OF REAL AND/OR PERSONAL PROPERTY**

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INSTRUCTIONS TO THE APPLICANT:

1. To be eligible for exemption, the property must have been owned and occupied by the applicant on December 31 of the year preceding the assessment for which exemption is sought.
2. Application for exemption must be filed no later than the second Monday in March. All of this application must be completed.
3. Please notify the Assessor's Office immediately of the sale or lease of this or any other property belonging to your organization which is now exempt.
4. If you need additional space to respond to any of these questions, please attach your response indicating which question(s) it pertains to.

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The undersigned organization requests exemption of the following real and/or personal property located in the City/Township of \_\_\_\_\_, beginning with the assessment year \_\_\_\_\_.

Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Parcel Number \_\_\_\_\_

1. Name of organization claiming exemption of real and/or personal property.  
\_\_\_\_\_

2. Name of organization or individual owning the real and/or personal property.  
\_\_\_\_\_

3. Please indicate under what state statute you are claiming to be exempt from taxation.

\_\_\_\_\_ Elderly or Handicapped Housing owned by certain nonprofit organizations (Tax to be paid by State of Michigan 211.7d).

\_\_\_\_\_ Property owned by certain nonprofit cultural or educational organizations (211.7n).

\_\_\_\_\_ Property of nonprofit charitable institutions (211.7o).

- \_\_\_\_\_ Homes for the aged or chronically ill owned by religious, fraternal, secret societies, or nonprofit corporations (211.7o).
- \_\_\_\_\_ Memorial homes or posts owned by any veterans association (211.7p).
- \_\_\_\_\_ Property owned by youth organizations (211.7g).
- \_\_\_\_\_ Clinic, hospital, or public health property (211.7r).
- \_\_\_\_\_ Houses of public worship or parsonages (211.7s).
- \_\_\_\_\_ Other (please specify)\_\_\_\_\_

4. Please describe all uses made of the property last year. Use additional sheets if necessary.

5. Please state when the property was first used.

6. When first occupied, what was the nature of the use?

7. Did that use change significantly at any time?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

8. Please list any other property you now own or occupy which will no longer be used for a tax exempt purpose.

9. Did any other individual or organization use the property?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

a. If yes, please provide name, address, and phone number of the individual or organization.

- b. What use did they make of the property?
- c. Was a fee charged? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe.
10. What is the date that the organization claiming the exemption acquired the property?
11. What was the price? \_\_\_\_\_
12. Please furnish the name, address, and phone number of a representative of the organization mentioned in Answer #1 who can be contacted for further information.
- Name \_\_\_\_\_
- Relationship for Organization \_\_\_\_\_
- Address \_\_\_\_\_
- \_\_\_\_\_
- Phone Number \_\_\_\_\_
13. Please list the names, addresses, and phone numbers of all current officers and members of the Board of Directors.
14. Please state the dates of the two prior board meetings and who attended.
15. How many officers, directors, and employees does the organization employ that receive salaries?

16. Please indicate all sources of funding for your organization and the percentage each source contributes to the total.

a. Does your organization solicit any funds from the general public over the phone?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

17. If you are seeking an exemption as a charitable, benevolent, educational, public health, or youth organization ...

a. Please describe the exact type of services that you provide.

b. Please describe the population or group that you serve.

c. Please describe how the recipients of your services are selected.

d. Do you discriminate on the basis of color, race, sex, religion, creed, age, national origin, or marital status in providing your services?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain.

e. Do you charge a fee for your services?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain how the fees are determined.

f. Please attach a copy of your policy as to who is eligible to receive your services and on what terms.

IMPORTANT – Please sign this application on the line provided and return it to our office with the following documents of the organization:

1. Copy of Articles of Incorporation
2. Copy of By-Laws
3. Copy of instrument by which property was acquired (Warranty Deed, Quit Claim Deed, Land Contract, or Bill of Sale)
4. Copy of any pamphlet, other information, or literature describing the functions of the organization
5. Copy of previous 3 years of Income Tax filings including 990 forms

I hereby swear that the above information is true and complete.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

.....  
FOR OFFICE USE ONLY

\_\_\_\_\_ MEETS LEGAL REQUIREMENTS

EXEMPTION QUALIFIES UNDER SECTION \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_ DOES NOT MEET LEGAL REQUIREMENTS

REASON: \_\_\_\_\_

\_\_\_\_\_  
BY

\_\_\_\_\_  
DATE