

THIS FORM MUST BE RETURNED TO OUR OFFICE BY APRIL _____
EXEMPT PROPERTY APPLICATION

COUNTY _____ DIGEST YEAR _____

TITLE HOLDER'S NAME _____

NAME ON DIGEST _____

PROPERTY ADDRESS _____

DATE ACQUIRED	MARKET VALUE	OWNERSHIP (lease, fee simple, etc.)
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A. MARK (X) THE APPROPRIATE DESCRIPTIONS OF ALL IMPROVEMENTS

ON/TO THE PARCEL OF LAND: (The Total Number of Buildings=____)

- | | | |
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| <input type="checkbox"/> Unimproved Raw Land
<input type="checkbox"/> Gov't Owned Buildings
<input type="checkbox"/> Non-Profit Public Hospital
<input type="checkbox"/> Public Library
<input type="checkbox"/> Public (owned) Schools

<input type="checkbox"/> Private School-Open to Public
<input type="checkbox"/> Housing Owned by Fraternity Chapters
<input type="checkbox"/> Non-Profit Home for Aged
<input type="checkbox"/> Pollution Control or Energy Saving (solar) Equipment
(D.N.R. No. _____ and include copy of certification). | <input type="checkbox"/> Single Family Residence
<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Recreation Facilities
<input type="checkbox"/> Offices
<input type="checkbox"/> Meeting Halls

<input type="checkbox"/> Club House
<input type="checkbox"/> Dormitories
<input type="checkbox"/> Classrooms | <input type="checkbox"/> Parsonage(Not Rented)
<input type="checkbox"/> Church/Temple
<input type="checkbox"/> Shrine
<input type="checkbox"/> Church Admin Bldgs
<input type="checkbox"/> Perp. Care Cemetery Off.

<input type="checkbox"/> Paved
<input type="checkbox"/> OTHERS: (Specify)

_____ |
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IN THE SPACE NEXT TO THE APPROPRIATE DESCRIPTION OF THE USE OF THE PROPERTY FOR WHICH THE EXEMPTION BEING APPLIED INDICATE THE PROPER PERCENTAGE WHICH EACH DESCRIPTION REPRESENTS TO THE TOTAL PROPERTY. (EXAMPLE: 10% Rel Burial, 20% Rel. Worship, 5% Parking, 65% Undeveloped Land).

_____ Undeveloped Land	_____ Used for Recreation
_____ Parking Lot	_____ Place of Religious Worship
_____ Present/Future Building Site	_____ Place of Religious Burial
_____ Gov't Owned	_____ Held for Investment
_____ Agricultural	_____ OTHER: (specify)

MARK (X) ONE RESPONSE TO THE RIGHT OF EACH QUESTION BELOW. (N/A IS FOR THOSE

QUESTIONS THAT DO NOT APPLY.)

	YES	NO	N/A
1) Are any of the improvements which have been designated in Section A or B of this form AT ANY TIME rented, leased, income or fees received for the use of any part of this property? (If yes is indicated, please identify and explain circumstances and terms on an attached sheet of paper.)	_____	_____	_____
2) Is the property Open to the General Public?	_____	_____	_____
3) Is the use of the property restricted, limited, subject to approval or reserved for the use by any person(s), group(s), or organization?	_____	_____	_____
4) Does any person, group or organization have priority of use of property which is open the general public?	_____	_____	_____
5) Is the premise used for private, social, or fraternal meetings?	_____	_____	_____
6) Are the property uses controlled by any individual or organization other than owner of record?	_____	_____	_____
7) Is the property owner exempt from Federal/State Income Tax? If yes, fill in the IRC Section No I.R.C. No. _____ (example Section 501 (c)(3)	_____	_____	_____
8) If the corporation entity holds IRC 501 (c) exemption, was it obtained prior To July 1, 1959?	_____	_____	_____
9) Has the Federal or State Income Tax Exemption status ever been revoked or suspended?	_____	_____	_____
10) Is the property owner a political subdivision or instrumentality of the County, State or Federal Gov't?	_____	_____	_____
11) Is the property within the territorial limits of the political Subdivision?	_____	_____	_____
12) Is the Property owned by Private individuals?	_____	_____	_____
13) Is the Property owned by Private organizations or clubs?	_____	_____	_____
14) Is the Property owner a non-profit corporation without stockholders?	_____	_____	_____

PLEASE ATTACH SEPARATE SHEET IF NECESSARY,
FOR RESPONSES TO THE QUESTION BELOW

15) Does the owner, any stockholder or officer receive any income or profit for services rendered of from the use of the property. If yes, explain on a separate sheet if necessary.	_____	_____	_____
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16) Is any incidental income received from non-rent use of the property? If so, please explain source and how the income is used on a separate attached sheet.	_____	_____	_____
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17) If services are rendered by the owner (hospital, charity home or aged, etc.) are these services available to the public without regard to the ability to pay by the person requesting the services? (If no, explain circumstances on attached sheet).

YES NO N/A

18) Is there any reversionary benefit to anyone upon the sale of the property or changed in the use of property? (If yes, specify whom)

19) List sources of funds received along with an approximate percentage Breakdown for each source (example: contributions 50%; federal assistance 25%; public or patients 20% dues or membership fee 5%, etc.)

20) Explain briefly, how these funds are used.

21) If the property of the property is vacant lot, do any activities occur on the premises? If yes, specify nature of activities and how often.

22) State briefly the specific grounds and purpose for filing for the exemption.

I hereby certify the information attached and contained herein to be true and correct to the best of my knowledge and belief.

Signature

Date