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

Instructions to the Applicant:

1. Property must be owned, occupied and used for the stated exempt purpose as of December 31 of the year preceding the assessment for which exemption is sought.
2. Application must be filed no later than the second Monday in March.
3. Please notify the Assessor’s Office immediately of the sale or lease 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 questions it pertains to.

**TO THE ASSESSOR:**

The undersigned organization requests exemption of the following real and/or personal properties located in the **City of Douglas, Allegan County, MI**.

ADDRESS OF PROPERTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARCEL ID: 03-59-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS PARCEL IS: VACANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IMPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS APPICATION IS FOR EXEMPTION BEGINNING: ASSESSMENT YEAR

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate under which 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 certain youth organizations (211.7q)

\_\_\_\_ Clinic, hospital, or public health property (211.7r)

\_\_\_\_ Houses of public worship, parsonages (211.7s)

\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state when the property was first used.

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

Did that use change significantly at any time? \_\_\_\_YES \_\_\_\_NO

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

Did any other individual or organization use the property? \_\_\_\_YES \_\_\_\_NO

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

What use did they make of the property? Was a fee charged? \_\_\_\_YES \_\_\_\_NO

DATE OF ACQUISITION: \_\_\_/\_\_\_/\_\_\_/ Price: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONVEYED BY: LC\_\_\_ WD \_\_\_OTHER \_\_\_\_\_\_\_\_\_\_DOCUMENT \_\_\_\_\_\_\_\_Liber \_\_\_\_\_\_\_Page

SELLER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPANT(S) OF ABOVE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please furnish the name, address and telephone number of a representative of the organization mentioned

above, who can be contacted for further information.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many officers, directors, and employees does the organization employ that receive salaries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your organization solicit funds from the general public over the telephone? \_\_\_YES \_\_\_NO

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

Please describe the exact type of services that you provide.

Please describe how the recipients of your services are selected.

Do you discriminate on the basis of color, race, sex, religion or creed, age, national origin or marital status in providing your services? \_\_\_YES \_\_\_ NO

If yes please explain.

Do you charge a fee for your services? \_\_\_YES \_\_\_NO

If yes please explain how the fees are determined.

THE ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND JUDGMENT, A TRUE AND CORRECT STATEMENT OF THE

FACTS CONCERNING THE ABOVE DESCRIBED PROPERTY.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PRINT OR TYPE TITLE & NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_YR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

Processing this exemption request application is facilitated by you providing copies of the following documents: The City reserves the right to request additional or further documents.

1. \_\_\_\_Articles of incorporation and all amendments, which should include the following information.
   1. Names of Directors of the Corporation
   2. Profit or Non-Profit status
   3. Stated purpose of Corporation
   4. State Issuing Corporate Charter
   5. Assumed Name(s), if applicable, along with name of governmental agency said assumed name is recorded with.
2. \_\_\_\_Exemption applicant entity’s “By Laws” and “Constitution,” if these items exist.
3. \_\_\_\_Copy of any pamphlet or other information or literature describing the functions of the organization.
4. \_\_\_\_Evidence (copy) of ownership of (or interest in) subject property.
   1. Transfer instrument to applicant: typically, Warranty Deed or Land Contact.
   2. Lease
5. \_\_\_\_Copy of 3 years of Income Tax Filings, including 990 forms.
6. \_\_\_\_Governmental approval/certification to operate for state purpose.
   1. IRS exemption determination for assessment years in question.
   2. Michigan exemption determination for above years.

**FOR OFFICE USE ONLY PPN\_\_03-59-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_MEETS LEGAL REQUIREMENTS

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

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

\_\_\_\_\_\_DOES NOT MEET REQUIREMENTS

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

BY: TOWNSHIP ASSESSOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter sent: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received documents: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets Legal Requirement after review \_\_\_\_Yes \_\_\_\_No

Notified applicant on status of exemption: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_