

1. Name of Organization or Individual owning the property

2. Please indicate under which state statute you are claiming to be exempt from taxation:

_____ Property of a non-profit charitable institution (211.7o).

_____ Property a charitable home of a fraternal, secret society or a non-profit corporation which owns and operates facilities for the aged and chronically ill (211.7o).

_____ Property of a non-profit theater, library, education or scientific institution (211.7n).

_____ Houses of public worship, parsonages (211.7s)

_____ Memorial homes or homes of veterans organizations (211.7p).

_____ Clinic, hospital or public health (211.7r).

_____ Property of youth organizations (211.7q).

_____ Other _____

3. Please list all occupants of the property. (If there is more than one occupant or entity, please list the percentage of the building being used by each occupant).

4. Please list all uses of the property and there relation to the requested exemption.

5. Please state when the property was first used for each use.

6. Is the property open to or available to the general public?

7. Has the use changed significantly at any time? _____ Yes _____ No.
If yes, please explain.
8. Does 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 do they use the property for?
- c. Is a fee charged? _____ Yes _____ No. If yes, please describe.
9. What date did the organization requesting the exemption acquire the property?
10. What was the price paid for the property?
11. Please indicate all sources of funding for your organization and the percentage that each contribute to the total.
12. 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 or 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 describe the exact type of services that you provide at the property.

13. Please list any other property you own or occupy that will no longer be used for tax exempt purpose.

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

- a. Copy of Articles of Incorporation
- b. Copy of By-Laws
- c. Copy of instrument by which property was acquired (warranty deed, quit claim deed, land contract, or bill of sale)
- d. Copy of any pamphlet or other information or literature describing the functions of the organization
- e. Copy of previous 3 years of Income Tax filings, including 990 forms

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

Applicants Name

Applicants Signature

Title

This form needs to be completed and returned to the Assessor's office by December 31 of this year.

Return to: City of Jackson Assessor
161 W Michigan Ave
Jackson MI 49201

If you have questions you may call 517-788-4033

For Office Use Only

_____ Meets Exemption Requirements

Exemption qualifies under Section _____

Reason:

_____ Does Not Meet Legal Requirements

Reason:

City Attorney

Date

City Assessor

Date