

EQUALIZATION DIVISION

Date Received:

APPLICATION FOR EXEMPTION OF REAL ESTATE

BEGINNING WITH ASSESSMENT YEAR

Year to be filled in by the Assessor

TO APPLICANT: Present this Application accompanied by the following documents to the Assessor's Office

- 1. Recorded Deed or Land Contract (proof of ownership)
- 2. Articles of Incorporation and By-Laws
- 3. Statement of Taxable Status from the Internal Revenue Service

4. Most current three (3) years income and expense statements5. Copy of any pamphlet or other information/literature describing the fu	nctions of the organization
TO THE ASSESSOR (APPLICANT PLEASE COMPLETE SIDE ONE):	-
We, the undersigned, respectfully request the exemption of the following described r	eal estate, located in the City/Village/Township of
, same bei	ng owned by the undersigned, and being used for:
Educational [MCL 211.7z] Religious [MCL 211.7s] Charitable [MCl	_ 211.7o]
Scientific [MCL 211.7n] Otherunder Section	on of the Michigan Property Tax Laws
Organization Name:	
Property Street Address:	
Parcel Tax Identification Number:	
THE FOLLOWING QUESTIONS MUST BE ANSWERED:	
Date of Property Purchase: Price: Down Payment: _	Monthly Payment:
Document: Deed Land Contract Document Recording Date	Recorded in Liber Page
In whose name is the Deed or Land Contract?	
In whose name is the mortgage?	
How is the property being utilized at the present time?	
Do you lease or rent any portion of the property to another entity? Yes No If	so, to whom?
Does any other organization or entity use this property? Yes No I	
Will you notify this office of the sale of this or any other exempt property belonging to your	corporation? Yes No
Are you currently receiving a property tax exemption in another Michigan Community? Ye	s No If so, which community is that
property located in? And for what purpose	e is it exempt?
The above is, to the best of my knowledge and judgement, a true and correct stat described property.	ement of the facts concerning the above
Signed:	Phone:
Print Name:	Email:
Title:	
Address:	
Subscribed and sworn to before me this day of , 20	
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Notary Public	
My Commission Expires:	

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Recommendation:			
EXEMPTION APPROVED:		Date:	
	Assessor		
		Date:	
	Appraiser		