



## Application for the Exemption of Real and/or Personal Property

### Instructions to the Applicant:

1. To be eligible for exemption, the property must have been owned and occupied for the exempt purpose, 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. This application must be completed in its entirety.
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 questions it pertains to.

### Submit to the Assessor:

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

1. Name of organization or individual 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 (taxes paid by State of Michigan, 211.7d).
  - Property owned by certain nonprofit cultural or educational organizations (211.7).
  - 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, parsonages (211.7s).
  - OTHER (please specify): \_\_\_\_\_

4. Is the organization incorporated as a Non-Profit Michigan Corporation?

Yes          No

5. Is the organization designated as a 501(c)3 per the Internal Revenue Service?

Yes          No

6. What is the purpose of the incorporation?

---



---

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

---



---

8. Please state when the property was first used:

---

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

---

---

10. Did that use change significantly at any time?

Yes                  No

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

---

12. 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:

---

---

13. What is the date that the organization is claiming the exemption acquired the property?

---

14. What was the price?

---

15. Please furnish the name, address, and telephone number of a representative of the organization mentioned in Answer #1, who can be contacted for further information.

Name: \_\_\_\_\_  
Relationship for Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

16. Please list the names, addresses, and telephone numbers of all current offices and members of the Board of Directors:

---

---

---

---

---

17. Please state the dates of the two prior board meetings and who attended:

---

---

---

---

---

18. How many officers, directors, and employees does the organization employ that receive salaries?

---

19. 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 telephone?

Yes                      No

20. 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:

---

---

21. **IMPORTANT** – Please sign this application on the line provided and return it to our office with the following documents (if applicable) of the organization:

- a) Copy of Articles of incorporation and all amendments.
- b) Copy of By-Laws and Constitution.
- c) Copy of instrument by which property was acquired (warranty deed, quit claim deed, land contract, bill of sale, or lease).
- d) Governmental approval/certification to operate for the state purpose;
  - IRS Exemption determination for assessment years in question.
  - Michigan exemption determination for above years.
  - State/County license, if any.
  - License from Attorney General to solicit or receive contributions, (Pursuant to MCL 400.271; MBA 240).
  - City approval forms; permits, license, or other.
- e) Copy of any pamphlet or other information or literature describing the functions of the organization.
- f) Copy of previous 3 years of Income Tax filings, including 990 forms.
- g) Organization’s Budget;
  - Operations of charitable, educational, or religious organization.
  - Operation of real estate and/or personal property for which exemption is being applied.
- h) Inclusive list of all (salaries, fees, payments, rent, repayments of loans, etc.) transfers, current or deferred, from applicant to directors, officers, consultants, agents, and/or employees of applicant.
- i) List of all clients served if they are in any way related to; any directors, officers, consultants, agents, and/or employees of applicant. Please include an explanation of any above relationships.

**I hereby swear that the above information is true and complete:**

---

Applicant’s Name

---

Applicants Signature

---

Title