

**CLINTON TOWNSHIP ASSESSING DEPARTMENT
APPLICATION FOR EXEMPTION OF REAL / PERSONAL PROPERTY**

Instructions:

- To be eligible for exemption, the property must have been owned and occupied by the applicant on December 31 of the year preceding the assessment for which exemption is sought.
- Application for exemption must be filed no later than the second Monday in March of the assessment year for which exemption is sought.
- All pages of this application must be complete and all required documentation attached.
- The applicant must notify the Assessing Department immediately of the sale or lease of this or any other property belonging to your organization which is now exempt.

Application:

Application Date: _____ Assessment year for which exemption is sought: _____

Property Address: _____

Parcel Number(s): _____

Application is made for (circle one or both): Real Property Personal Property

Purchase date and purchase price: _____

Name of Applicant claiming exemption: _____

Name of organization or individual owning the real/personal property:

Please furnish the following contact information of the applicant's/organization's representative whom the Township may contact for further information:

Name / Title: _____

Relationship to Applicant/Organization: _____

Business Address: _____

Phone Number: _____ Email: _____

1. Indicate under what state statute (section and subsection) the applicant is 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 or institution of the Armed Forces of the United States (211.7p)
- _____ Property owned by youth organizations (211.7q)
- _____ Clinic, hospital, or public health property (211.7r)
- _____ Houses of public worship, parsonages (211.7s)
- _____ OTHER (please specify) _____

Please attach separate sheet if more space is needed for the following questions.

2. When was the property first owned and occupied by the applicant?

3. Please describe all uses made of the property during the current and prior year.

4. When first owned and occupied by the applicant, what was the nature of the use?

5. Did the use identified in question 4 change significantly at any time?

6. Please list any other property located in Clinton Township that the applicant owns and occupies.

7. Do you currently claim, or have you claimed in the past, any real or personal property tax exemptions in other communities in Michigan? If so, please list locations and dates of exemption.

8. Did any individual or organization other than the applicant use the property during the current and prior year?
 - 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. Please describe any fee charged.

9. If you are seeking an exemption as charitable, benevolent, educational, public health, or youth organization:
 - a. Please describe the exact type of services that the applicant provides.

 - b. Please describe the population or group that the applicant serves.

 - c. Please describe how the recipients of the services provided by the applicant are selected.

 - d. Does the applicant discriminate on the basis of color, race, sex, religion or creed, age, national origin, or marital status in providing their services?
 - i. If yes, please explain.

 - e. Does the applicant charge a fee for services?
 - i. If yes, please explain how the fees are determined.

Required Attachments:

Please provide the following for the applicant and/or each organization named on the first page.

1. Copy of Articles of Incorporation
2. Copy of By-Laws
3. Copy of any pamphlet or other information or literature describing the functions of the organization
4. Copy of previous 3 years of Income Tax filings, including 990 forms
5. Copy of instrument by which property was acquired (warranty deed, quit claim deed, land contract, bill of sale, etc)
6. Copies of all leases in effect at the subject property during the current and prior year.

Required signature:

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

Preparer's Name and Title _____

Preparer's Signature _____

Preparer's Email Address _____

FOR OFFICE USE ONLY

____ Meets legal requirements and qualifies under Section _____

Reason: _____

____ Does not meet legal requirements

Reason: _____

Township Assessor _____

Date: _____