

HAMLIN TOWNSHIP

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Eaton Rapids, MI 48827
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APPLICATION FOR PROPERTY TAX EXEMPTION FOR REAL AND/OR PERSONAL PROPERTY

Instructions to Applicant:

- To be eligible for exemption, the property must be owned and occupied by the applicant on December 31st of the year preceding the assessment for which the exemption is sought.
- This Application must be completed and submitted prior to an exemption being considered.
- This completed Application must be filed by March 1st of the year for which the exemption is sought.
- Application must be completed and submitted with all required attachments to be accepted.
- If additional space is needed for response to any question, please attach additional sheets.

Parcel information for which the exemption is sought:

Parcel Identification Number: _____ - _____ - _____ - _____ - _____

Parcel Street Address: _____

Parcel Owner: _____

Parcel Owner's Mailing Address: _____

On what date did the organization claiming the exemption acquire the property: ______

What was the purchase price? \$ _____

On what date did organization filing for the exemption begin utilizing the property in which the exemption is being requested: ______

Is the parcel used by any other entity, individual or organization? _____

If yes, please list all entities, individuals or organizations that use the property, their contact information and the use they made of the property. _____

Was there any fee charged or collected for their use? _____

If yes, please describe. _____

Is there any vacant or excess land area not currently being utilized by the organization? ____

If yes, please explain. _____

Organizational information for which the exemption is sought:

Legal Name: _____

Please indicate the state statute in which the organization is claiming exemption from property taxes:

- _____ 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 of nonprofit charitable institutions (211.7o)
- _____ Clinic, hospital, or public health property (211.7r)
- _____ Houses of public worship, parsonages (211.7s)
- _____ Other (please specify) _____

Please furnish the contact information for the representative of the organization claiming the exemption:

Name: _____, Title _____

Address: _____

Telephone Number (_____) _____ - _____ Email _____

Please list the names, phone numbers and email addresses of all current officers and members of the Board of Directors:

Name: _____, Title _____

Telephone Number (_____) _____ - _____ Email _____

Name: _____, Title _____

Telephone Number (_____) _____ - _____ Email _____

Name: _____, Title _____

Telephone Number (____) ____ - ____ Email _____

Name: _____, Title _____

Telephone Number (____) ____ - ____ Email _____

Name: _____, Title _____

Telephone Number (____) ____ - ____ Email _____

Name: _____, Title _____

Telephone Number (____) ____ - ____ Email _____

*PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY.

How many of officers, directors and employees does the organization employ that receive salaries: _____

Please state the dates in which the last two prior board meetings were held and where they were held:

Date: __ \ __ \ ____ Location: _____

Date: __ \ __ \ ____ Location: _____

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

Does your organization solicit funds from the general public over the telephone? _____

Please describe the exact type of services that the organization provides: _____

Please describe the population group that the organization serves: _____

Please describe how the recipients of your group are served: _____

Does the organization discriminate on the basis of color, race, sex, religion or creed, age, national origin or marital status in providing said services: _____

Does the organization charge any fees for your services: _____

If yes, please explain: _____

Please attach and submit with the completed Application the following documents:

- A copy of the Articles of Incorporation
- A copy of the organization's Bylaws
- A copy of the instrument by which the property was acquired (Deed, Land Contract, etc.)
- A copy of any pamphlet or literature marketing/promoting the organization
- A copy of the previous three years of income tax filings, including 990 forms

I hereby swear that the above information and is true, accurate and complete to the best of my knowledge.

Dated: ____ \ ____ \ _____

Applicant's Printed Name

Applicant's Signature

Title

OFFICE USE ONLY

Date Application Received: ____ \ ____ \ _____

Meets Legal Requirements: YES NO

Exemption Qualified Under Section: _____