

SUPERIOR TOWNSHIP

APPLICATION FOR EXEMPTION FROM REAL & PERSONAL PROPERTY TAXES

Instructions to the Applicant:

1. To be eligible for the exemption the property must have been owned, occupied and used for the stated exempt purpose on December 31 of the year preceding the assessment for which exemption is sought.
2. Application must be filed no later than the second Monday in March.
3. Please notify the Assessor's Office immediately of the sale or lease or any other property belonging to your organization that is now exempt.
4. If you need additional space to respond to any of these questions, attach your response indicating the questions it pertains to.

TO THE ASSESSOR:

The undersigned organization requests exemption of the following real and/or personal properties located in the Township of Superior, County of Chippewa.

PROPERTY ADDRESS: _____

PARCEL ID: _____

THIS APPLICATION IS FOR EXEMPTION BEGINNING: ASSESSMENT YEAR: _____

Name of applicant claiming exemption of real and /or personal property:

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

Please indicate the section of the Michigan General Property Tax Act, Michigan Public Act 206 1906, under which you are claiming to be exempt from taxation:

- _____ Elderly or Handicapped Housing owned by certain nonprofit organizations (Tax to be paid by State of Michigan per Section 211.7d)
- _____ Property owned by certain nonprofit cultural or educational organizations (Section 211.7n)
- _____ Property of nonprofit charitable institutions (Section 211.7o)

- _____ Homes for the aged or chronically ill owned by religious, fraternal, secret societies, or nonprofit corporations (Section 211.7o)
- _____ Memorial homes or posts owned by any veterans' association (Section 211.7p)
- _____ Property owned by youth organizations (Section 211.7g)
- _____ Clinic, hospital, or public health property (Section 211.7r)
- _____ Houses of public worship, parsonages (Section 211.7s)
- _____ Other (please specify): _____

Please describe all uses made of the property during the year preceding the assessment for which exemption is sought.

Please state when the property was first owned and occupied by the applicant.

When the property first occupied, and what was the nature of the use?

Did that use change significantly at any time? _____ YES _____ NO

Please list any other property you currently own or occupy in the City of Allegan that will no longer be used for a tax-exempt purpose:

Did any other individual or organization use the property during the year preceding the assessment for which exemption is sought? _____ YES _____ NO

If yes, please provide name, address and phone number of the individual or organization.

For each individual or organization listed in answer to the question above, please provide the following information: amount of building square footage occupied, amount of annual rent charged, amount of annual rent received, and the nature of the use.

Please state the date on which the applicant acquired the property: _____

Please state the purchase price paid by the applicant: \$ _____

Please identify the individual or organization that conveyed the property to you, and the liber and page number at which the conveyance document can be found in the Allegan County Register of Deeds:

DOCUMENT: _____ Liber: _____ Page: _____

SELLER: _____

Please provide your name, address and telephone number at which you may be contacted for more information, or please provide that information for a representative that the Township may contact.

Name: _____

Relationship to Applicant: _____

Address: _____

Telephone: _____

If the applicant is an organization:

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

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

Does your organization solicit funds from the general public over the telephone? _____ YES _____ NO

If you are seeking an exemption as a charitable, benevolent, educational, public health or youth organization:

Please describe the exact type of services that you provide.

Please describe how the recipients of your services are selected.

Does your 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:

Does your organization charge a fee for your services? _____ YES _____ NO

If yes, please explain how the fees are determined:

THE ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND JUDGMENT, A TRUE AND CORRECT STATEMENT OF THE FACTS CONCERNING THE ABOVE DESCRIBED PROPERTY.

SIGNED: _____ DATE: _____

PRINT OR TYPE TITLE & NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

NOTARY CERTIFICATE:

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, _____ YEAR

_____ MY COMMISSION EXPIRES

NOTARY PUBLIC

DATE

Processing this exemption request application is facilitated by you providing copies of the following documents:

- I. Articles of incorporation and all amendments, which should include the following information:
 - a. Names of Directors of the Corporation
 - b. Profit or Non-Profit status
 - c. Stated purpose of Corporation
 - d. State Issuing Corporate Charter
 - e. Assumed Name(s), if applicable, along with name of governmental agency said assumed name is recorded with.
- II. Exemption applicant entity's "By Laws" and "Constitution," if these items exist.
- III. Copy of any pamphlet or other information or literature describing the functions of the organization.
- IV. Evidence (copy) of ownership of (or interest in) subject property.
 - a. Transfer instrument to applicant: typically, Warranty Deed or Land Contact.
 - b. Lease.
- V. Copy of 3 years of Income Tax Filings, including 990 forms.
- VI. Governmental approval/certification to operate for state purpose.
 - a. IRS exemption determination for assessment years in question.
 - b. Michigan exemption determination for above years.

**FOR OFFICE
USE ONLY**

_____ MEETS LEGAL REQUIREMENTS _____ DOES NOT MEET REQUIREMENTS

EXEMPTION QUALIFIES UNDER SECTION _____

REASON: _____

BY: TOWNSHIP ASSESSOR _____ DATE: _____

After 5 years of the applicant's initial request for an exemption, the Township of Superior may request the following:

1. A letter requesting an updated status of applicants' exemption status.
2. A new application be processed for further review.

The City Assessor will then be able to determine if the applicant's status of exempt real or personal property shall remain exempt on the next assessment year.

Letter sent: Date _____ Received documents: Date _____

Meets Legal Requirement after review: _____ Yes ____ No

Notified applicant on status of exemption: Date _____