

**Chikaming Township
Property Tax Exemption Application**

The undersigned real and/or personal property owner requests a property tax exemption of the property identified, located in Chikaming Township, beginning with assessment year _____.

APPLICANT'S INFORMATION

Applicant's Name: _____ Date of Application: _____

Contact Person: _____ Phone #: _____

Address: _____

Mailing Address (if different than above) _____

PARCEL INFORMATION

Parcel Code: 11-07- _____

Property Address: _____

Property Owner's Name: _____

Date of Acquisition: _____ Purchase Price: _____

Date of Occupancy: _____ Building Type: _____

(Examples: Church/Recreational Center/Warehouse/Office)

Please indicate which state statute you are claiming to be exempt from taxation below:

_____ Elderly or Handicapped Housing owned by certain non-profit organizations (MCL 211.7d)

_____ Property owned by certain non-profits cultural or educational organizations (MCL 211.7n)

_____ Property of non-profit charitable institutions (211.7o)

_____ Homes for the aged/chronically ill owned by religious, fraternal, secret societies, or non-profit organizations (211.7o)

_____ Memorial Homes or posts owned by any veteran's association (211.7p)

_____ Property owned by youth organizations (211.7g)

_____ Clinic, hospital, or public health property (211.7r)

_____ Houses of public worship or parsonages (211.7s)

_____ Other – Please specify _____

EXEMPT ENTITY'S ORGANIZATIONAL INFORMATION

Name of Organization: _____

Organizational Officers:

Name: _____ Name: _____

Title/Position: _____ Title/Position: _____

Organization's Purpose and Mission: _____

Please describe the type of services provided:

Please describe the population or group that you serve:

Please describe how the recipients of your services are selected:

Do you charge a fee for your services? If so, please describe.

*Please attach a copy of your policy as to whom is eligible to receive your service and on what terms

PLEASE ATTACH ALL OF THE FOLLOWING:

1. Article of Incorporation
2. Organization's By-Laws
3. Proof of Ownership
4. Internal Revenue Service – Statement/Correspondence indicating taxable status

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

Applicant's Signature

Applicant's Name Printed

FOR OFFICE USE ONLY

_____ Approved – Meets legal requirements pertaining to MCL _____

_____ Denied – Does not meet legal requirements

Reason for Disapproval _____

Assessor's Signature

Date