

# CITY OF OLIVET

PO Box 376  
117 S Main St  
Olivet, MI 49076  
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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 31<sup>st</sup> 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 1<sup>st</sup> 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.

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### 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. \_\_\_\_\_

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Was there any fee charged or collected for their use? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

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

If yes, please explain. \_\_\_\_\_

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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: \_\_\_\_\_

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Please describe the population group that the organization serves: \_\_\_\_\_

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Please describe how the recipients of your group are served: \_\_\_\_\_

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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: \_\_\_\_\_

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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 most recent Form 990 filed with the IRS

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

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**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\\_\_\_\_\\_\_\_\_\_

Meets Legal Requirements: YES NO

Exemption Qualified Under Section: \_\_\_\_\_