

Camden County Board of Assessors



EXEMPT PROPERTY APPLICATION

County:

Digest Year:

Title Holders Name:

Name on Digest:

Property Address:

Date Acquired:

Market Value:

Ownership (leased, fee simple, etc)

A. Mark (X) the appropriate descriptions of all improvements on/to the parcel of land.

Total number of buildings _____.

- | | |
|---|---|
| <input type="checkbox"/> Unimproved Raw Land | <input type="checkbox"/> Single Family Residence |
| <input type="checkbox"/> Government Owned Buildings | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Non-Profit Public Hospital | <input type="checkbox"/> Recreation Facilities |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Offices |
| <input type="checkbox"/> Public Owned Schools | <input type="checkbox"/> Meeting Halls |
| <input type="checkbox"/> Private School – Open to Public | <input type="checkbox"/> Club House |
| <input type="checkbox"/> Housing Owned Fraternity Chapter | <input type="checkbox"/> Dormitories |
| <input type="checkbox"/> Non-Profit Home for Aged | <input type="checkbox"/> Classrooms |
| <input type="checkbox"/> Parsonage (non rented) | <input type="checkbox"/> Church / Temple |
| <input type="checkbox"/> Shrine | <input type="checkbox"/> Church Administration Building |
| <input type="checkbox"/> Perpetual Care Cemetery Office | <input type="checkbox"/> Paved |
| <input type="checkbox"/> Pollution Control or Energy Saving Equipment | |
| <input type="checkbox"/> Others: (specify)_____ | |

B. In the space next to the appropriate description of the use of the property for which the exempt is being applied indicate the proper percentage which each description represents to the total property.

- | | |
|------------------------------------|----------------------------------|
| _____ Undeveloped Land | _____ Used for Recreation |
| _____ Parking Lot | _____ Place of Religious Worship |
| _____ Present/Future Building Site | _____ Place of Religious Burial |
| _____ Government Owned | _____ Held for Investment |

_____ Agricultural _____ Other: (specify)

C. Marx (x) one response to the right of each question below (N/A is for those questions that do not apply).

	YES	NO	N/A
1. Are any of the improvements which have been designated in Section A or B of this form at any time rented, leased, income or fees received for the use of any part of this property? (If yes, please identify and explain circumstances and terms on an attached sheet of paper			
2. Is the property open to the general public?			
3. Is the use of the property restricted, limited, subject to approval or reserved for the use by any person(s), group(s) or organization.			
4. Does any person, group or organization have priority or use of property which is open to the general public?			
5. Is the premises used for private, social, or fraternal meetings?			
6. Are the property uses controlled by any individual or organization other than owner of record?			
7. Is the property owner exempt from Federal/State income tax? If yes, what is the I.R.C. NO? _____			
8. If the Corporation Entity hold IAC 501 exemption, was it obtained prior to July 1, 1959?			
9. Has the Federal or State Income Tax Exemption Status ever been revoked or suspended?			
10. (a) Is the property owner a political subdivision or instrumentality of the County, State or Federal Government?			
10. (b) Is the property within the territorial limits of the political subdivision?			
11. Is the property owned by private individuals?			
12. Is the property owned by private organizations or clubs?			
13. Is the property a non-profit corporation without stockholders?			

14. Does the Owner, Stockholder or Officer receive any income or profit for services rendered or from the property? If yes, explain on a separate sheet.			
15. Is any part of the property being leased from the Applicant? If yes, explain on a separate sheet.			
16. Is any incidental income received from non-rent use of the property? If so, please explain source and how the income is used on a separate sheet.			
17. If services are rendered by the owner (hospital, charity, home for aged, etc.) are these services available to the public without the ability to pay the person requesting the services? If no, explain circumstances on separate sheet.			
18. Is there any reversionary benefit to anyone upon the sale of the property or change in the use of the property? If yes, specify whom.			

D. List Sources of funds received along with an approximate percentage breakdown for each source. (Example: Contributions 50%, Federal Assistance 25%, Public or Patients 20%, Dues or Membership Fee 5%)

_____	_____
_____	_____
_____	_____

E. Explain briefly, how these funds are used.

F. If the property or part of the property is a vacant lot, do any activities occur on the premises? If yes, specify nature of activities and how often.

G. State briefly the specific grounds and purpose for filing for the exemption.

I HEREBY CERTIFY THE INFORMATION ATTACHED AND CONTAINED HEREIN TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date