



Application for Exemption for Real and/or Personal Property

Parcel # _____

Instructions to the applicant:

1. To be eligible for exemption, the property must have been owned and occupied by the applicant on December 31st of the year preceding the assessment for which exemption is sought.
2. Completed Application for exemption must be filed no later than the 2nd Monday in March
3. Applicant must notify the Assessor's Office immediately of the sale or lease of this or any other property belonging to the organization which is now exempt.
4. If you need additional space to respond to any of these questions, please attach a separate sheet(s) indicating which question(s) your answer pertains to.

The undersigned organization requests exemption of the following real and/or personal property located in Grass Lake Charter Township, beginning with the assessment year _____.

Name of Organization: _____

Contact Person: _____ Title: _____

Phone #: _____ Property Address: _____

Mailing Address: _____

1. Under what section(s) of the Michigan General Property Tax Law is this exemption being requested? _____
2. Please describe all uses made of the property last year. _____

3. Has there been a significant change of use at any time since the property was first used by your organization? _____
If yes, please explain: _____
4. Please list any other property you now own or occupy which will no longer be used for a tax-exempt purpose: _____

5. Did/do any other individuals or organizations use the property? _____ If yes, what use did/do they make of the property? _____
6. Was a fee charged? _____ If yes, please describe: _____
7. How many officers, directors and employees does the organization employ that receive compensation? _____

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

Name	Address	Phone #

9. Please state the date of the two prior board meetings and who attended: _____

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

- a. Describe the exact type of services that you provide: _____
- b. Describe the population or group that you serve: _____
- c. Describe how the recipients of your services are selected: _____

- d. Do you charge a fee for your services? _____ If yes, explain how the fees are determined: _____

- e. Attach a copy of your policy as to who is eligible to receive your services and on what terms.

IMPORTANT – Please sign this application and return it to the Township Assessing Department along with copies of the following documents of the filing organization:

- Articles of Incorporation
- By-Laws
- IRS Statement indicating tax status
- Michigan Annual Report
- Balance Sheet
- Deed showing conveyance to filing organization
- Previous year's Income Tax Filing, including the 990 form
- Pamphlet or other literature describing the functions of the organization

I hereby swear and affirm that the information contained in this application and all subsequent attached documentation is true and complete.

 Applicant's Signature/Title/Date

FOR TOWNSHIP USE ONLY:

Meets legal requirements _____ If no, describe reason(s): _____

 Assessor's Signature

 Date