***Do NOT Submit Prior to 1/1/2027

CITY OF NEWAYGO
Newaygo, Michigan
Office of the City Assessor

APPLICATION FOR EXEMPTION OF REAL AND/OR PERSONAL PROPERTY

INSTRUCTIONS TO AND REQUIREMENTS OF THE APPLICANT:

1. To be eligible for exemption, the property must have been owned and occupied by the applicant/organization on December 31 (Tax Day) of the year preceding the assessment for which exemption is sought.

2. Application for exemption must be ***filed no later than February 1, 2027*** (of the requested tax year), and ***no earlier than January 1, 2027.*** *All pages/questions of this application must be completed! Leave no question blank, if necessary, write in 'not applicable.'*

3. The Assessor's Office must be notified immediately of the sale or lease of this or any other property belonging to your organization which is currently exempt.

4. If you need additional space to respond to any of these questions, please attach your response indicating which questions it pertains to.

To the City Assessor:

The undersigned organization requests exemption of the following real and/or personal properties located in the City of Newaygo, Newaygo, Michigan beginning with the assessment year of __2027___.

Property Address_____

_____

Permanent Parcel #_____

1. Name of organization claiming exemption of real and/or personal property.

_____

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

_____

3. Please indicate what state statute you are claiming to be exempt from taxation.

_____ Housing exemption for elderly or disabled families owned and operated by a nonprofit organization
(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 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 parsonage (211.7s). ***If claiming a parsonage, you must include the name of the ***ordained minister in the church of the applicant***, AND ***provide the documentation of such,*** to prove that the requirements of a parsonage are met. (As defined by the State of Michigan) ***If there is a change of the ordained minister, the Township must be notified and updated, with proof provided of the new minister.

_____ OTHER (please specify)_____

4. Please describe all uses made of the property by the applicant since acquired. Use additional sheets if necessary.

5. Please state when the property was first used/occupied by the applicant.

6. When first occupied, what was the previous nature of the use?

7. Did that use change significantly when acquired by the applicant?

_____Yes _____No

8. Please list any other property you now own or occupy which will be used for a tax exempt purpose.

9. Does any other individual or organization use the property in this application?

_____Yes _____No

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

b. What use did they make of the property?

c. Was a fee charged? _____Yes _____No
If yes, please describe.

10. What is the date that the organization claiming the exemption acquired the property?

11. If applicable, what was the price? _____

12. Please furnish the name, address and telephone number of a representative of the organization mentioned in Answer #1, who can be contacted for further information.

Name_____

Relationship to Organization_____

Address_____

_____

Telephone Number_____

Email_____

13. Please list the current names and contact information of all current officers and members of the Board of Directors (if applicable). (Attach separate sheet if necessary)

14. Please state the dates of the two prior board meetings and who attended. (Attach separate sheet if necessary)

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

16. Please indicate all sources of funding for your organization and the percentage each source contributes to the total. (Attach separate sheet if necessary)

    a. Does your organization solicit any funds from the general public?

    _____Yes _____No

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

    a. Please describe the exact type of services that you provide.

    b. Please describe the population or group that you serve.

    c. Please describe how the recipients of your services are selected.

    d. Do you discriminate based on color, race, sex, religion or creed, age, national origin, or marital status in providing your services?

    _____Yes _____No

    If yes, please explain.

    e. Do you charge a fee for your services?

    _____Yes _____No
    If yes, please explain how the fees are determined.

18. IMPORTANT – Please sign this application on the line provided and return it to our office with the following documents of the organization:

A. Copy of Articles of Incorporation
B. Copy of By-Laws
C. Copy of instrument by which property was acquired (warranty deed, quit claim deed, land contract, or bill of sale)
D. Copy of any pamphlet or other information or literature describing the functions of the organization
E. Copy of previous 3 years of Income Tax filings, including 990 forms
F. Copies of any/all leases, if any portion of the requested parcel is leased to others.
G. If requesting exemption for a parsonage, the supporting documents of #3 above.

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

_____ _____

Applicant's Name Applicant's Signature

_____

Title

FOR OFFICE USE ONLY

_____ MEETS LEGAL REQUIREMENTS

EXEMPTION QUALIFIES UNDER SECTION_____

REASON:_____

_____

_____ DOES NOT MEET LEGAL REQUIREMENTS

REASON:_____

_____

_____ _____

BY: ATTORNEY BY: ASSESSOR

_____ _____

DATE DATE

Rev. 10/26