



Leoni Township Office

Assessing Department

913 Fifth Street

Michigan Center, Michigan 49254

Phone: (517) 764-4694

Ext: 297, 301, 302

Email: assessingdept@leonitownship.com

Application for Property Tax Exemption

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. A completed application for the 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 Leoni Township, beginning with the assessment year _____.

Parcel #: _____ Property Address: _____

Name of Organization: _____

Contact Person: _____ Title: _____

Phone #: _____ Mailing Address: _____

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

- _____ Elderly or Handicapped Housing owned by certain nonprofit organizations (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 parsonages (211.7s).
- _____ Other (Please specify) _____

Please list all occupants of the property (if there is more than one occupant or entity, please list the percentage of the building being used by each occupant): _____

Please describe all uses made of the property last year (use additional sheets if necessary): _____

Please describe the exact type of services that you provide: _____

Did that use change significantly at any time? Yes or No
 Is the property open to or available to the general public? Yes or No
 Do you discriminate on the basis of color, race, sex, religion, creed, age, national origin, or marital status in providing your services? Yes or No
 Do you charge a fee for your services? Yes or No
 Did any other individual or organization use the property? Yes or 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 or No
 If yes, please describe:

Please furnish the name, address, and phone number of a representative of the organization who can be contacted for further information.

Name: _____
 Relationship for Organization: _____
 Mailing Address: _____
 Phone Number: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Copy of By-Laws |
| <input type="checkbox"/> Copy of previous 1 year of Income Tax Filings including 990 forms | <input type="checkbox"/> Copy of policy as to who is eligible to receive your services and on what terms |
| <input type="checkbox"/> Copy of any pamphlet, other information, or literature describing the functions of the organization | <input type="checkbox"/> IRS Statement indicating tax status |

I hereby swear that the information contained in this application and all subsequent attached documentation is true and complete. I also agree and understand that I may be subject to audit by the Township Assessor's office to ensure continued compliance of the exemption, should one be granted.

Applicants Signature: _____ Title: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

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

Assessor's Signature _____ Date _____