OAKLAND COUNTY MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
EQUALIZATION DIVISION

Date Received:

APPLICATION FOR EXEMPTION OF REAL ESTATE

BEGINNING WITH ASSESSMENT YEAR _____
Year to be filled in by the Assessor

TO APPLICANT: Present this Application accompanied by the following documents to the Assessor's Office

1. Recorded Deed or Land Contract (proof of ownership)
2. Articles of Incorporation and By-Laws
3. Statement of Taxable Status from the Internal Revenue Service
4. Most current three (3) years income and expense statements
5. Copy of any pamphlet or other information/literature describing the functions of the organization

TO THE ASSESSOR (APPLICANT PLEASE COMPLETE SIDE ONE):

We, the undersigned, respectfully request the exemption of the following described real estate, located in the City/Village/Township of _____, same being owned by the undersigned, and being used for:

☐ Educational [MCL 211.7z] ☐ Religious [MCL 211.7s] ☐ Charitable [MCL 211.7o] ☐ Memorial Home [MCL 211.7p]

☐ Scientific [MCL 211.7n] ☐ Other _____ under Section _____ of the Michigan Property Tax Laws

Organization Name: _____

Property Street Address: _____

Parcel Tax Identification Number:

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Date of Property Purchase: _____ Price: _____ Down Payment: _____ Monthly Payment: _____

Document: ☐ Deed ☐ Land Contract Document Recording Date _____ Recorded in Liber _____ Page _____

In whose name is the Deed or Land Contract? _____

In whose name is the mortgage? _____

How is the property being utilized at the present time?

Do you lease or rent any portion of the property to another entity? Yes ☐ No ☐ If so, to whom? _____

Does any other organization or entity use this property? Yes ☐ No ☐ If so, who? _____

Will you notify this office of the sale of this or any other exempt property belonging to your corporation? Yes ☐ No ☐

Are you currently receiving a property tax exemption in another Michigan Community? Yes ☐ No ☐ If so, which community is that property located in? _____ And for what purpose is it exempt? _____

The above is, to the best of my knowledge and judgement, a true and correct statement of the facts concerning the above described property.

Signed: _____ Phone: _____

Print Name: _____ Email: _____

Title: _____

Address: _____

_____

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____
Notary Public

My Commission Expires: _____

(Applicant Not to Write on Reverse of this Form)

APPLICATION FOR EXEMPTION OF REAL ESTATE – ASSESSOR (PAGE 2)

PARCEL TAX IDENTIFICATION NUMBER: _____

Recommendation:

EXEMPTION APPROVED: _____ Date: _____
Assessor

_____ Date: _____
Appraiser

Applicant: Return this form (with only Page 1 completed) to: Oakland County Equalization, 250 Elizabeth Lake Road, Ste 1000W, Pontiac, Michigan 48341-0431.