

**HALL COUNTY ASSESSMENT ADMINISTRATION
EXEMPT PROPERTY APPLICATION**

PARCEL ID# _____

TITLE HOLDER'S NAME _____

NAME ON DIGEST _____

PROPERTY ADDRESS _____

DATE ACQUIRED: _____

MARKET VALUE: _____

TYPE OWNERSHIP: _____

(FEE SIMPLE, LEASE, 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"/> MEETING HALLS |
| <input type="checkbox"/> GOV'T OWNED BUILDINGS | <input type="checkbox"/> CLUB HOUSE |
| <input type="checkbox"/> NON-PROFIT PUBLIC HOSPITAL | <input type="checkbox"/> DORMITORIES |
| <input type="checkbox"/> PUBLIC LIBRARY | <input type="checkbox"/> CLASSROOMS |
| <input type="checkbox"/> PUBLIC OWNED SCHOOLS | <input type="checkbox"/> PARSONAGE (NOT RENTED) |
| <input type="checkbox"/> PRIVATE SCHOOL-OPEN TO PUBLIC | <input type="checkbox"/> CHURCH/TEMPLE |
| <input type="checkbox"/> HOUSING OWNED BY FRATERNITY CHAPTER | <input type="checkbox"/> CHURCH ADMINISTRATION |
| <input type="checkbox"/> NON-PROFIT HOME FOR AGED | <input type="checkbox"/> PERPETUAL CARE CEMETARY OFFICE |
| <input type="checkbox"/> POLLUTION CONTROL/ENERGY SAVING EQUIP
(DNR NO. _____ (INCLUDE CERTIFICATION)) | <input type="checkbox"/> PAVING |
| <input type="checkbox"/> SINGLE FAMILY RESIDENCE | <input type="checkbox"/> OTHER: SPECIFY _____ |
| <input type="checkbox"/> CONCESSION STAND | _____ |
| <input type="checkbox"/> RECREATION FACILITIES | _____ |
| <input type="checkbox"/> OFFICES | _____ |

IN THE SPACE NEXT TO THE APPROPRIATE DESCRIPTION OF THE USE OF THE PROPERTY FOR WHICH THE EXEMPTION BEING APPLIED, INDICATED THE PROPERTY PERCENTAGE EACH DESCRIPTION REPRESENTS OF THE TOTAL PROPERTY. (EXAMPLE: 10% REL. BURIAL, 20% REL. WORSHIP, 5% PARKING, 65% UNDEVELOPED LAND)

_____ UNDEVELOPED LAND	_____ USED FOR RECREATION
_____ PARKING LOT	_____ PLACE OF RELIGIOUS WORSHIP
_____ PRESENT/FUTURE BUILDING LOT	_____ PLACE OF RELIGIOUS BURIAL
_____ GOVERNMENT OWNED	_____ HELD FOR INVESTMENT
_____ AGRICULTURAL	_____ OTHER: SPECIFY _____

MARK (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 DESIGNATED IN THE FOREGOING SECTIONS AT ANY TIME RENTED, LEASED, INCOME PRODUCING OR ARE FEES RECEIVED FOR THE USE OF ANY PART OF THIS PROPERTY? (IF YES, PLEASE IDENTIFY AND EXPLAIN CIRCUMSTANCES AND TERMS ON A SEPARATE 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 USE BY ANY PERSON(S), GROUP(S) OR ORGANIZATION(S)? _____

DOES ANY PERSON, GROUP OR ORGANIZATION HAVE PRIORITY OF USE OF PROPERTY WHICH IS OPEN TO THE GENERAL PUBLIC? _____

4. 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 OWENR EXEMPT FROM FEDERAL/STATE INCOME TAX? (IF YES, PROVIDE I.R.C. SECTION NO. _____(EXAMPLE: 501 ©(3).) _____

8. IF THE CORPORATION ENTITY HOLDS I.R.C 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? _____

10a. IS THE PROPERTY OWNER A POLITICAL SUBDIVISION OR INSTRUMENTALITY OF THE COUNTY, STATE OR FEDERAL GOVERNMENT? _____

10b. IS THE PROPERTY WITHIN THE TERRITORIAL LIMITS OF A POLITICAL SUBDIVISION? _____

11. IS THE PROPERTY OWNED BY PRIVATE INDIVIDUALS? _____

12. IS THE PROPERTY OWNED BY PRIVATE ORGANIZATIONS OR CLUBS? _____

13. IS THE PROPERTY OWNER A NON-PROFIT CORPORATION WITHOUT STOCKHOLDERS? _____

14. DOES THE OWNER, ANY STOCKHOLDER OR OFFICER RECEIVE ANY INCOME OR PROFIT FROM THE USE OF THE PROPERTY? (IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET.) _____

15. IS ANY INCIDENTAL INCOME RECEIVED FROM NON-RENT USE OF THE PROEPRTY? (IF YES, PLEASE EXPLAIN SOURCE AND USE OF INCOME ON A SEPARATE SHEET.) _____

16. IF SERVICES ARE RENDERED BY THE OWNER (HOSPITAL, CHARITY HOME FOR THE AGED, ETC.) ARE THE SERVICES AVAILABLE TO THE PUBLIC WITHOUT REGARD TO THE ABILITY TO PAY BY THE PERSON REQUESTING THE SERVICES? (IF NO, EXPLAIN CIRCUMSTANCES ON A SEPARATE SHEET.) _____

17. IS THER ANY REVERSIONARY BENEFIT TO ANYONE UPON SALE OF THE PROPERTY OR CHANGE IN USE OF THE PROPERTY? (IF YES, SPECIFY WHOM.) _____

18. LIST SOURCES OF FUNDS RECEIVED ALONG WITH AN APPROXIMATE PERCENTAGE BREAKDOWN FOR EACH SOURCE. (EXAMPLE: 50% CONTRIBUTIONS, 25% FEDERAL ASSISTANCE, 20% PUBLIC OR PATIENTS, 5% DUES OR MEMBERSHIP FEES.)

19. BRIEFLY EXPLAIN HOW THESE FUNDS ARE USED.

20. IF ALL OR PART OF THE PROPERTY IS A VANCT LOT, DO ANY ACTIVITIES OCCUR ON THE PREMISES? (IF YES, SPECIFY NATURE AND FREQUENCY OF ACTIVITIES.)

21. BRIEFLY STATE THE SPECIFIC GROUNDS AND PURPOSE FOR FILING THIS REQUEST FOR EXEMPTION.

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

SIGNATURE

TITLE

PHONE NUMBER

DATE

* WHEN COMPLETED YOU MAY MAIL TO P.O. 2895, GAINESVILLE, GA. 30503 ATTN. EXEMPT APPL.
OR YOU MAY HAND DELIVER TO HALL COUNTY GOVT. CENTER-2875 BROWNS BRIDGE RD- 1ST FLOOR,
GAINESVILLE, GA. 30504

FOR BOARD OF ASSESSORS USE ONLY	
EXEMPTION GRANTED _____	EXEMPTION DENIED _____
COMMENTS _____	

_____ DATE	_____ SECRETARY TO BOARD OF ASSESSORS