



City of Albion

Assessing Department
112 West Cass St
Albion, Michigan 49224

Assessing Department: 517-629-5535

Fax: 517-629-7452

Assessor: 517-629-7192

PROPERTY TAX EXEMPTION REQUEST

REQUESTED EXEMPTION:

Property Type (check applicable):

- Real Property Parcel No(s). _____
- Personal Property Parcel No(s). _____

Property Location: _____

Current Use of Property: _____

Organization or Church: _____

Mailing Address: _____

Contact Person: _____ Phone No: _____

TYPE OF EXEMPTION REQUESTED: (check any/all that apply)

- Library
- Charitable
- Educational
- Scientific
- Religious

MICHIGAN TAX TRIBUNAL FOUR-PART TEST:

1. The real estate or personal property must be owned, occupied and used by the exemption claimant.
Note: Tax day is December 31st of the prior year for each tax year.
2. The exemption claimant must be a library, charitable, educational, scientific, or religious institution.
3. The claimant must be incorporated under the laws of the State of Michigan or any other state in U.S.
4. The exemption exists only when the buildings and other property thereon are occupied by the claimant solely for the purpose for which it is incorporated.

ATTACH COPIES OF THE FOLLOWING TO THIS FORM:

1. Articles of Incorporation
2. Organization's By-Laws, if any.
3. Copy of deed or land contract showing ownership (if assessing records do not match applicant's name)
4. Internal Revenue Service Code 501(c)(3) status
5. Internal Revenue Service Code 990, 990n, 990ez

ADDITIONAL INFORMATION: (answer all questions)

How will the property be occupied on December 31st?

Was the use approved by local zoning and/or building authorities?

- Yes
- No

Is any part of this property rented or occupied by someone other than the exemption claimant?

- Yes
- No

If yes, list the names of tenants or occupants, and rent paid below:

What services are or will be provided at this location?

What are the criteria for receiving services from your organization?

What are the benefits your clients/customers receive?

How are the services paid for?

What is the fee schedule for your services? Do you have a sliding fee schedule based on income? [Please attach copies of your fee schedule.]

What happens if a person seeking your services has no way of paying?

How do your services relieve the "burden of government" in providing like services?

What other exempt property does your organization have located in the City of Albion?

In the event of dissolution, to whom would the property revert?

CERTIFICATION:

I hereby certify the preceding statements are true and correct.

Signed _____ Date _____

Name _____ Phone _____

Position with Organization or Church _____

FILING REQUEST:

In order for the Assessor to review your application for the next year's assessment roll, it must be filed no later than January 16. You will be notified in writing of the Assessor's decision and your appeal rights to the local Board of Review.

If you are unable to meet the January 16 deadline, you must file your application prior to the adjournment of the March Board of Review. This Board meets during the third week in March, each year. The Board can act on your exemption request and you are protecting your right to appeal their decision. You will be notified in writing of the Board's decision.

Mail or deliver your application to:

City of Albion
Assessor's Office
112 W. Cass Street
Albion, MI 49224

If you need help or have questions, please call:

(517) 629-7192