

APPLICATION FOR TAX EXEMPT STATUS FOR REAL PROPERTY

All questions must be completely answered for processing of form. File a separate application for each parcel of property on which exemption is requested. If you need help filling out this form, please contact James Thorpe at (816) 407-3517.

Please make appropriate changes:

ORGANIZATION NAME:	NAME IN WHICH PROPERTY IS TITLED:
PROPERTY LOCATION:	MAILING ADDRESS:
PARCEL IDENTIFICATION #:	CITY, STATE, ZIP CODE

1. Type of organization or property (check one or more):

- A) _____ State agency or political subdivision.
- B) _____ Agricultural or horticultural society organized in Missouri.
- C) _____ Non-profit cemetery.
- D) _____ Religious organization.
- E) _____ School or college.
- F) _____ Charity.
- G) _____ Other _____

(Type of organization)

2. Was the property used for the purposes stated in Question No. 1 on January 1 of this year?
_____ Yes _____ No if no, what date did use begin? _____

3. If you checked State Agency or Political Subdivision, state the name of the political subdivision you are organized under and your major source of public funding.

4. If you checked Agricultural or Horticultural Society, is the property used exclusively for the society? _____ Yes _____ No

5. If General Welfare or Corporation Not-for-Profit Charter was granted, give book and page of registration in register's office: Book No. _____ Page No. _____

6. What is the purpose of your organization? _____

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7. Is any portion of the building or property leased or rented on a part-time or full-time basis? _____
Yes _____ No _____ If yes, please complete the information below:
- A) _____ Name of renter or lessee (individual, business or government agency): _____
 - B) _____ Type of use (office, preschool, store, farmland, etc.) _____
 - C) _____ Area leased (square feet of building or acres of land, etc.) _____
 - D) _____ Monthly rent: \$ _____
 - E) _____ Term of lease and use restrictions: _____
 - F) _____ Do the tenants have the option to purchase the leased property? _____

Please attach income/expense or budget information for the past three years.

8. If you checked that you are a non-profit cemetery, religious organization, school, college or charity, please answer the following:
- A. Is your organization non-profit? _____ Yes _____ No
 - B. Is the property used regularly and exclusively for the purpose of the organization?
_____ Yes _____ No
 - C. Does your organization qualify for income tax status under Section 501C3 of the Internal Revenue Code? _____ Yes _____ No If yes, state your exempt number: _____
(Please attach a copy of tax status letter.)

9. Briefly state the actual physical uses of this parcel: _____

10. What portion of the property is vacant or excess land? _____

11. If you are a school or college, by whom are you licensed or accredited? _____

12. If you are a religious organization, state the denomination and address of the central offices, diocese, synod, etc. _____

13. State the present value of the land and improvements:
Land \$ _____ Improvements \$ _____ Total \$ _____

14. If you are a charity, state the following:
- A. Who benefits from the work of your organization? _____

 - B. What benefits are provided to recipients? _____

 - C. Are benefits limited to a certain group, and if so, to whom? _____

 - D. Are benefits excluded from any group on the basis of race, religion, age, sex, geographic boundary or ethnic background? _____ Yes _____ No
 - E. Are benefits provided free for those who cannot afford them? _____ Yes _____ No

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15. State any other factor, which you believe, should be considered in determining whether this parcel is exempt. _____

The above and foregoing is true and complete to the best of my knowledge, and I have authority to make this statement on behalf of the above organization.

Signature

Date

Print Name

Telephone #

Title

Mailing Address

**Return to: Clay County Assessor's Office
Attention: Julie Boggs
One Courthouse Square
Liberty, MO 64068**



-FOR OFFICE USE ONLY-

Action Taken:

_____ Approved

_____ Denied/Reason: _____

Date Application Mailed: _____

Notified Applicant ___/___/___