HALL COUNTY BOARD OF TAX ASSESSORS
EXEMPT PROPERTY APPLICATION

PARCEL ID#_____ PERSONAL PROPERTY ACCT #_____

If this application is for an existing personal property account (equipment/inventory) include the account number above, a detailed narrative of the business must be included along with a current asset listing and current personal property reporting form.

TITLE HOLDER'S NAME _____

NAME ON DIGEST _____

PROPERTY ADDRESS _____

DATE ACQUIRED: MARKET VALUE: OWNERSHIP TYPE:

(FEE SIMPLE, LEASE, ETC.)

A. MARK (X) THE APPROPRIATE DESCRIPTIONS OF ALL IMPROVEMENTS ON/TO THE PARCEL OF LAND: (TOTAL NUMBER OF BUILDINGS)_____

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

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

_____UNDEVELOPED LAND
_____PARKING LOT
_____PRESENT/FUTURE BUILDING LOT
_____GOVERNMENT OWNED
_____AGRICULTURAL
_____USED FOR RECREATION
_____PLACE OF RELIGIOUS WORSHIP
_____PLACE OF RELIGIOUS BURIAL
_____HELD FOR INVESTMENT
_____OTHER: SPECIFY

MARK (X) THE 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)?	____	____	____
4. DOES ANY PERSON, GROUP OR ORGANIZATION HAVE PRIORITY OF USE OF PROPERTY WHICH IS OPEN TO THE GENERAL PUBLIC?	____	____	____
5. IS THE PREMISES USED FOR PRIVATE, SOCIAL OR FRATERNAL MEETINGS?	____	____	____
6. ARE THE PROPERTY USES CONTROLLED BY ANY INDIVIDUAL OR ORGANIZATION OTHER THAN THE OWNER OF RECORD	____	____	____
7. IS THE PROPERTY OWNER EXEMPT FROM FEDERAL/STATE INCOME TAX? (IF YES, PROVIDE I.R.S. SECTION NO._____ EXAMPLE: 501(c) (3).	____	____	____
8. IF THE CORPORATION ENTITY HOLDS I.R.S. 501(c) (3) EXEMPTION, WAS IT OBTAINED PRIOR TO JULY 1, 1959?	____	____	____
9. HAS THE FEDERAL OR STATE INCOME TAX EXEMPTION STATUS EVER BEEN REVOKED OR SUSPENDED?	____	____	____
10(a). IS THE PROPERTY OWNER A POLITICAL SUBDIVISION OR INSTRUMENTALITY OF THE COUNTY, STATE OR FEDERAL GOVERNMENT?	____	____	____
10(b). 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 THERE ANY REVERSIONARY BENEFIT TO ANYONE UPON SALE OF THE PROPERTY OR CHANGE IN USE OF THE PROPERTY? (IF YES, SPECIFY WHOM.)	____	____	____

_____

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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.)

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19. BRIEFLY EXPLAIN HOW THESE FUNDS ARE USED.

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

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_____

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

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_____

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 CAN MAIL TO HALL COUNTY BOARD OF ASSESSORS, P.O. BOX 2895, GAINESVILLE, GA. 30503 ATTN. EXEMPT APPLICATION, HAND DELIVER TO OUR OFFICE AT THE HALL COUNTY GOVERNMENT CENTER LOCATED AT 2875 BROWNS BRIDGE RD, GAINESVILLE, GA. 30504 OR YOU CAN EMAIL TO assessor@hallcounty.org.

FOR BOARD OF ASSESSORS USE ONLY

EXEMPTION GRANTED_____ EXEMPTION DENIED_____

COMMENTS_____

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_____ _____

DATE SECRETARY TO BOARD OF ASSESSORS