



**LEONI  
TOWNSHIP**

**ASSESSING DEPARTMENT**

913 Fifth St. • Michigan Center, MI 49254

Phone: (517) 764-4694 • Ext: 5

Email: [assessingdept@leonitownship.com](mailto:assessingdept@leonitownship.com)

**Application for Property Tax Exemption**

Instructions to the applicant:

1. To be eligible for exemption, the property must have been owned and occupied by the applicant on December 31<sup>st</sup> of the year preceding the assessment for which exemption is sought.
2. A completed application for the exemption must be filed no later than the 2<sup>nd</sup> Monday in March.
3. Applicant must notify the Assessor's Office immediately of the sale or lease of this or any other property belonging to the organization which is now exempt.
4. If you need additional space to respond to any of these questions, please attach separate sheet(s) indicating which question(s) your answer pertains to.

**ASSESSOR'S DATE STAMP**

The undersigned organization requests exemption of the following real and/or personal property located in Leoni Township, beginning with the assessment year \_\_\_\_\_.

Parcel #: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Please indicate under what state statute you are claiming to be exempt from taxation.

Elderly or Handicapped Housing owned by certain nonprofit organizations (211.7d).

Property owned by certain nonprofit cultural or educational organizations (211.7n).

Property of nonprofit charitable institutions (211.7o).

Homes for the aged or chronically ill owned by religious, fraternal, secret societies, or nonprofit corporations (211.7o).

Memorial homes or posts owned by any veteran's association (211.7p).

Property owned by youth organizations (211.7g).

Clinic, hospital, or public health property (211.7r).

Houses of public worship or parsonages (211.7s).

Other (Please specify): \_\_\_\_\_

Please list all occupants of the property (if there is more than one occupant or entity, please list the percentage of the building being used by each occupant): \_\_\_\_\_

Please describe all uses made of the property last year (use additional sheets if necessary): \_\_\_\_\_

Please describe the exact type of services that you provide: \_\_\_\_\_

Did that use change significantly at any time?

Yes or No

Is the property open to or available to the general public? Yes or No  
 Do you discriminate on the basis of color, race, sex, religion, creed, age, national origin, or marital status in providing your services? Yes or No  
 Do you charge a fee for your services? Yes or No  
 Did any other individual or organization use the property? Yes or No

A. If yes, please provide name, address and phone number of the individual or organization.

B. What use did they make of the property?

C. Was a fee charged? Yes or No

If yes, please describe:

Please furnish the name, address, and phone number of a representative of the organization who can be contacted for further information:

Name: \_\_\_\_\_  
 Relationship for Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Important: Please sign this application and return it to the Township Assessing Department along with copies of the following documents of the filing organization:**

- \_\_\_\_ Copy of Articles of Incorporation
- \_\_\_\_ Copy of previous 1 year of Income Tax Filings including 990 forms
- \_\_\_\_ Copy of any pamphlet, other information, or literature describing the functions of the organization
- \_\_\_\_ Copy of By-Laws
- \_\_\_\_ Copy of policy as to who is eligible to receive your services and on what terms
- \_\_\_\_ IRS Statement indicating tax status

*I hereby swear that the information contained in this application and all subsequent attached documentation is true and complete. I also agree and understand that I may be subject to audit by the Township Assessor's office to ensure continued compliance of the exemption, should one be granted.*

Applicants Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Meets legal requirements: Yes or No If no, describe reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_