

## Benton Charter Township Property Tax Exemption Request

The undersigned real and/or personal property owner requests a property tax exemption of the property identified, located in Benton Charter Township, beginning with assessment year \_\_\_\_\_

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### APPLICANT'S INFORMATION

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

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### PARCEL INFORMATION

Parcel Code: 11-03- \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Building Type: \_\_\_\_\_

(Examples; Church/Recreational Center/ School)

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### Please indicate which state statute you are claiming to be exempt from taxation below:

\_\_\_\_\_ Elderly or Handicapped Housing owned by certain non-profit organizations (MCL 211.7d)

\_\_\_\_\_ Property owned by certain non-profit cultural or educational organizations (MCL 211.7n)

\_\_\_\_\_ Property of non-profit charitable institutions (211.7o)

\_\_\_\_\_ Homes for the aged/chronically ill owned by religious, fraternal, secret societies or non-profit organizations (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)

\_\_\_\_\_ House of public worship or parsonages (211.7s)

\_\_\_\_\_ Other – Please specify \_\_\_\_\_

**EXEMPT ENTITY'S ORGANIZATIONAL INFORMATION**

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

Officers Names: \_\_\_\_\_ Title/Position: \_\_\_\_\_

\_\_\_\_\_ Title/Position: \_\_\_\_\_

Organization's Purpose and Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the population or group that you serve: \_\_\_\_\_

\_\_\_\_\_

Please describe how the recipients of your services are selected: \_\_\_\_\_

\_\_\_\_\_

Do you charge a fee for your services? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\*Please attach a copy of your policy as to whom is eligible to receive your service and on what terms

\_\_\_\_\_

Please attach or list a schedule of events, such as Religious Services, Religious Education, Meetings,

Distribution of Goods, ect.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Goods are distributed, please describe the type of goods: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH ALL OF THE FOLLOWING:**

- 1. Articles of Incorporation and any 501(c)(3) documentation
- 2. I.R.S. Statement/Correspondence indicating taxable status
- 3. Proof of Ownership
- 4. Organization's By Laws

I hereby swear that the above information is true and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name Printed

**FOR OFFICE USE ONLY**

\_\_\_\_ Approved - Meets legal requirements pertaining to MCL \_\_\_\_\_

\_\_\_\_ Denied \_ Does not meet legal requirements

Reason for Disapproval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Assessor Signature

\_\_\_\_\_  
Date