

ATHENS-CLARKE COUNTY EXEMPT PROPERTY APPLICATION

EXEMPTIONS ARE NOT AUTOMATIC AND MUST BE APPLIED FOR. PLEASE
RETURN THIS APPLICATION TO THE TAX ASSESSORS OFFICE BY APRIL 1
OF THE YEAR FOR WHICH THE EXEMPTION IS BEING SOUGHT.

OWNERS NAME: _____

NAME AS LISTED ON TAX RECORDS: _____

MAILING ADDRESS

PROPERTY ADDRESS

REAL ESTATE PARCEL # _____

PERSONAL PROPERTY PARCEL # _____

FAIR MARKET VALUE AS SHOWN ON CURRENT TAX DIGEST: _____

NUMBER OF ACRES: _____

TYPE OF EXEMPTION APPLIED FOR: (please check one)

_____ NON-PROFIT HOME FOR THE AGED

_____ PUBLIC PROPERTY

_____ EDUCATIONAL INSTITUTION

_____ NON-PROFIT HOSPITAL

_____ PURELY PUBLIC CHARITY

_____ PLACES OF BURIAL

_____ PLACES OF RELIGIOUS WORSHIP

_____ PUBLIC LIBRARY

_____ NON-PROFIT HOME FOR MENTALLY DISABLED

_____ PROPERTY OWNED BY RELIGIOUS GROUPS AND USED ONLY FOR
SINGLE-FAMILY RESIDENCES THAT GENERATE NO INCOME

_____ PROPERTY USED OR PART OF FACILITY TO REDUCE WATER AND AIR
POLLUTION IF CERTIFIED BY DNR

_____ PROPERTY USED FOR VETERANS ORGANIZATION

_____ PROPERTY USED FOR HISTORICAL FRATERNAL BENEFIT
ASSOCIATION

PLEASE DESCRIBE IN DETAIL EXACTLY HOW THE PROPERTY IS USED.
SPECIFY THE PERCENTAGE OF USE FOR EACH CLAIMED EXEMPTION.

LIST ALL SOURCES OF FUNDS RECEIVED ALONG WITH APPROXIMATE
PERCENTAGE FOR EACH SOURCE RECEIVED (EXAMPLE: CONTRIBUTIONS
50%, DUES 25%, RENTS 25%, SALE OF GOODS, ETC.)

EXPLAIN HOW THESE FUNDS ARE USED DIRECTLY TO PROVIDE THE
SERVICES OF THE APPLICANT.

ON THIS SPECIFIC PARCEL, ARE ANY OF THE IMPROVEMENTS AT ANY
TIME RENTED OR LEASED? IF SO, THEN PLEASE EXPLAIN IN DETAIL THE
CIRCUMSTANCES, TERMS AND PAYMENT(S) RECEIVED. (Attach additional
pages if needed).

IS INCOME RECEIVED FOR THE USE OF ANY OF THIS PROPERTY, AND/OR
FOR ANY GOODS, ACTIVITIES OR SERVICES OFFERED AT THIS PROPERTY?
IF SO, THEN PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES, TERMS
AND PAYMENT(S) RECEIVED. (Attach additional pages if needed).

WHAT ARE YOUR DAYS AND HOURS OF OPERATION?

IS THE PROPERTY OPEN TO THE GENERAL PUBLIC? _____

IS THE USE OF THE PROPERTY RESTRICTED, LIMITED, SUBJECT TO APPROVAL OR RESERVED FOR USE BY ANY PERSON(S), GROUP(S) OR ORGANIZATIONS? If yes, specify for whom and by whom.

DOES ANY PERSON, GROUP OR ORGANIZATION HAVE PRIORITY OF USE OF PROPERTY WHICH IS OPEN TO THE GENERAL PUBLIC? If yes, specify for whom and by whom.

DO YOU HAVE MEMBERS? IF SO, WHAT ARE THE FEES FOR SUCH MEMBERSHIPS? (Please list each type of memberships available and the fees for each)

WHAT BENEFITS, GOODS AND/OR PRIVILEGES DO YOUR MEMBERS RECEIVE? (Please list all for each type of membership(s) available).

IS THE PREMISES USED FOR PRIVATE, SOCIAL OR FRATERNAL MEETINGS? If yes, specify for whom and by whom.

IS THE PROPERTY USED FOR INVESTMENT PURPOSES? If yes, please explain.

IS THE PROPERTY OWNER EXEMPT FROM FEDERAL/STATE INCOME TAX? IF YES, FILL IN THE IRC SECTION NO. _____

HAS THE FEDERAL OR STATE INCOME TAX EXEMPTION EVER BEEN REVOKED OR SUSPENDED? _____

IS THE PROPERTY OWNED BY PRIVATE INDIVIDUALS? If yes, specify by whom.

IS THE PROPERTY OWNED BY PRIVATE ORGANIZATIONS OR CLUBS? If yes, specify by whom.

IS ANY PART OF THE PROPERTY BEING LEASED FROM APPLICANT? IF SO, THEN PLEASE EXPLAIN IN DETAIL THE PORTION(S) BEING RENTED, RENTAL TERMS AND PAYMENT(S) RECEIVED. (Attach additional pages if needed).

IS ANY INCIDENTAL OR OTHER INCOME RECEIVED FROM NON-RENT USE OF THE PROPERTY? IF SO, THEN PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES, TERMS AND PAYMENT(S) RECEIVED. (Attach additional pages if needed).

IF THE SERVICES ARE RENDERED BY THE OWNER (HOSPITAL, HOME FOR THE AGED, ETC.) ARE THESE SERVICES AVAILABLE TO THE PUBLIC WITHOUT REGARD FOR THE ABILITY TO PAY BY THE PERSON REQUESTING THE SERVICE? IF SO, THEN PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES, TERMS AND PAYMENT(S), IF ANY, RECEIVED. (Attach additional pages if needed).

IS THERE ANY REVERSIONARY BENEFIT TO ANYONE UPON THE SALE OF THE PROPERTY OR CHANGE IN THE USE OF PROPERTY? IF YES, SPECIFY TO WHOM.

IF THE PROPERTY OR PART OF THE PROPERTY IS A VACANT LOT, DO ANY ACTIVITIES OCCUR ON THE PREMISES? IF YES, SPECIFY THE NATURE OF THE ACTIVITIES AND HOW OFTEN THEY OCCUR.

PLEASE EXPLAIN IN DETAIL WHY YOU BELIEVE THIS PROPERTY IS TO BE EXEMPT FROM AD VALOREM TAXES. (Attach additional pages if needed).

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

RETURN FORM TO BOARD OF ASSESSORS
ROOM 280 CLARKE COUNTY COURTHOUSE
ATHENS, GEORGIA 30601
706/613-3140

FOR BOARD OF ASSESSORS USE ONLY

EXEMPTION GRANTED _____

EXEMPTION DENIED _____

COMMENTS:

DATE

SECRETARY, BOARD OF ASSESSORS