

**CITY OF WALKER**  
**APPLICATION FOR EXEMPTION OF REAL AND/OR PERSONAL PROPERTY**

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Instructions to the Applicant:

1. To be eligible for exemption, the property must have been owned and occupied by the applicant on December 31 of the year preceding the assessment for which exemption is sought.
2. Application for exemption must be **filed no later than the first Monday in March**. The entire application must be completed. File with Walker's Assessors Office.
3. Please notify the Assessor's Office immediately of the sale or lease of this or any other property belonging to your organization which is now exempt.
4. If you need additional space to respond to any of these questions, please attach your response indicating which questions it pertains to.

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The undersigned organization requests exemption of the following real and/or personal properties located in the City of Walker, beginning with the assessment year of \_\_\_\_\_

Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

1. Name of organization claiming exemption or real and/or personal property.

\_\_\_\_\_

2. Name of organization or individual owning the real and/or personal property.

\_\_\_\_\_

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

\_\_\_\_\_ Elderly or Handicapped Housing owned by certain nonprofit organizations (Tax to be paid by State of Michigan – 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, parsonages (211.7s).

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

4. Please describe all uses of the property last year. Use additional sheets, if necessary.

5. Please state when the property was first owned and occupied by the applicant.
6. When first owned and occupied by the applicant, what was the nature of the use?
7. Did that use change significantly at any time? \_\_\_\_\_Yes \_\_\_\_\_No
8. Please list any other property located in the City of Walker that the applicant owns and occupies which will no longer be used for a tax-exempt purpose.
9. Did any other individual or organization use the property? \_\_\_\_\_Yes \_\_\_\_\_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 \_\_\_\_\_No  
If yes, please describe.
10. What is the date that the organization claiming the exemption acquired the property?
11. Please provide the purchase price (see question #10) \_\_\_\_\_
12. Please furnish the following contact information of the applicant's representative whom the City (or their attorney) may contact for further information.
- Name \_\_\_\_\_
- Relationship to Applicant \_\_\_\_\_
- Business Address \_\_\_\_\_  
\_\_\_\_\_
- Telephone Number \_\_\_\_\_
- Email Address \_\_\_\_\_
13. Please state the dates of the two prior board meetings and who attended.

14. How many officers, directors and employees does the organization employ that receive salaries?

15. Please indicate all sources of funding for your organization and the percentage each source contributes to the total.

Does your organization solicit any funds from the general public over the telephone?

\_\_\_\_\_ Yes \_\_\_\_\_ No

16. If you are seeking an exemption as a charitable, benevolent, educational, public health or youth organization...

a. Please describe the exact type of services that you provide.

b. Please describe the population or group that you serve.

c. Please describe how the recipients of your services are selected.

d. Do you discriminate based on color, race, sex, religion or creed, age, national origin or marital status in providing your services? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain.

e. Do you charge a fee for your services? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain.

17. Please see separate list of Documents Requested – please provide these with the application.

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

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

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

\_\_\_\_\_  
Title