



Clayton County Assessors



DOROTHY MORRIS, CHAIRPERSON
 GBENGA OSAGIE, MEMBER
 C. "SYNAMON" BALDWIN, MEMBER **APPLICATION**
FOR PROPERTY TAX EXEMPTION

HISTORIC COURTHOUSE
 P.K. DIXON ANNEX 2 - 2nd FLOOR
 121 SOUTH McDONOUGH STREET
 JONESBORO, GEORGIA 30236-3694
 PHONE: (770) 477-3285
 FAX: (770) 477-4566

1) Owner of Property or Business: _____
 (Please attach copy of deed or Business License)

2) Owner's mailing address: _____

3) Property address: _____

4) Mark (X) all purposes for which the property is used:

- | | | |
|---|--|---|
| <input type="checkbox"/> Unimproved Raw Land | <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Parsonage (not rented) |
| <input type="checkbox"/> Gov't Owned Building | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Church/Temple |
| <input type="checkbox"/> Non-Profit Public Hosp. | <input type="checkbox"/> Recreation Facilities | <input type="checkbox"/> Shrine |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Offices | <input type="checkbox"/> Church Admin. Buildings |
| <input type="checkbox"/> Public (owned) Schools | <input type="checkbox"/> Meeting Halls | <input type="checkbox"/> Perpetual Care Cem. Office |
| <input type="checkbox"/> Private School-Open to Public | <input type="checkbox"/> Club House | <input type="checkbox"/> Paved |
| <input type="checkbox"/> Housing Owned by Frat. Chapters | <input type="checkbox"/> Dormitories | <input type="checkbox"/> Hqrs. post home (Vet org.) |
| <input type="checkbox"/> Non-Profit Home for Aged | <input type="checkbox"/> Classrooms | <input type="checkbox"/> OTHERS: (specify) _____ |
| <input type="checkbox"/> Pollution Control or Emergy Saving (solar)
Equip. (D.N.R. No. _____ and include
copy of certification or letter from state). | | _____ |

5) Tax years for which application is being made: _____

6) Was property used for purposes stated on January 1st? Yes _____ No _____

7) If answer to No. 6 is NO, what date did exempt use begin? _____

8) In the space provided indicate the proper percentage each description represents to the total property (EXAMPLE: 10% Rel. Burial, 20% Rel. Worship, 5% Parking, 65% Undeveloped Land).

- | | |
|------------------------------------|----------------------------------|
| _____ Undeveloped Land | _____ Used for Recreation |
| _____ Parking Lot | _____ Place of Religious Worship |
| _____ Present/Future Building Site | _____ Place of Religious Burial |
| _____ Government Owned | _____ OTHER: (Specify) _____ |
| _____ Agricultural | _____ |
| _____ Held for Investment | _____ |

9) Mark (X) one response to the right of each question below. (N/A is for those questions that do not apply).

- | | | | |
|---|-------|-------|-------|
| | YES | NO | N/A |
| a) Is any of the property at any time rented, leased, or fees received for the use of any part of this property? If yes, explain. _____ | _____ | _____ | _____ |
| b) Is the property open to the General Public? If NO, explain. _____ | _____ | _____ | _____ |
| c) Is the use of the property restricted, limited, subject to approval or reserved for the use by any person (s), group (s), or organization? _____ | _____ | _____ | _____ |

YES NO N/A

- d) Does any person, group or organization have priority of use of property which is open to the general public? _____
- e) Are the premises used for private, social, or fraternal meetings? If YES, explain. _____
- f) Are the property uses controlled by any individual or organization other than owner of record? If YES, please explain. _____
- g) Is the property owner exempt from Federal/State Income Tax? If Yes, fill in the I.R.C. Section No. and attach a copy of granted exemption. I.R.C. No. _____ (Example Section 501 (c) (3).) _____
- h) Has the Federal or State Income Tax Exemption status ever been revoked or suspended? _____
- i) Is the property owned by Private organizations or clubs? If YES, name. _____
- j) If services are rendered by the owner (hospital, charity home for aged, etc.) are these services available to the public without regard to the ability to pay by the person requesting the services? If NO, explain. _____
- k) If Veteran's organization - are at least 75% of the members past or present members of the Armed Forces of the United States? _____

10) Is there any reversionary benefit to anyone upon the sale of the property or change in the use of property? (If Yes, specify whom). _____

11) List sources of funds received along with an approximate percentage breakdown for each source (example: contributions 50%, federal assistance 25%, public or patients 20%, dues or membership fee 5%, etc.). _____

12) Explain briefly how these funds are used. _____

13) If the property or part of the property is a vacant lot, do any activities occur on the premises? If Yes, specify nature of activities and how often. _____

14) State briefly the specific grounds and purpose for filing for the exemption. _____

I hereby certify the information attached and contained herein to be true and correct to the best of my knowledge and belief.

(SIGNATURE) (DATE)