

# SOLON TOWNSHIP, MICHIGAN

## OFFICE OF THE ASSESSOR

### PROPERTY TAX EXEMPTION REQUEST FROM ORGANIZATIONS CLAIMING EXEMPTION FROM PROPERTY TAX.

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

Property Type:     Real Property     Personal Property

Property Location \_\_\_\_\_

Current Use of Property? \_\_\_\_\_

Organization or Church \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone No. \_\_\_\_\_

#### TYPE OF EXEMPTION REQUESTED:

Library     Charitable     Educational     Scientific     Religious

**THIS EXEMPTION IS BEING CLAIMED UNDER SECTION \_\_\_\_\_ OF  
MICHIGAN COMPILED LAW OR SECTION \_\_\_\_\_ OF THE GENERAL  
PROPERTY TAX ACT (REQUIRED).**

#### MICHIGAN SUPREME COURT SIX-PART TEST:

1. Must be a nonprofit institution;
2. Must be organized chiefly, if not solely for charity;
3. Must not offer its charity on a discriminatory basis by choosing who among the group it purports to serve deserves its services, but rather must serve any person who needs the particular type of charity being offered;
4. Must bring people's minds or hearts under the influence of education or religion; relieve people's bodies from disease, suffering, or constraint; assist people to establish themselves for life; erect or maintain public buildings or work; or otherwise lessen the burdens of government;
5. May charge for its services as long as its charges are not more than what is needed for its successful maintenance; and
6. Need not meet any monetary threshold of charity; rather, if the overall nature of the claimant is charitable, it is a charitable institution.

**ATTACH COPIES OF THE FOLLOWING TO THIS FORM:**

- Articles of Incorporation
- Organization's or church's By-Laws
- Copy of deed or land contract showing ownership
- Copy of most recent IRS Form 990
- Copy of IRS exemption letter from income tax as a 501(c)(3) charity or other type of exempt organization.

**ADDITIONAL INFORMATION:**

**How will the property be occupied on December 31st?**

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**Is any part of this property rented or occupied by someone other than the exemption claimant?**

( ) Yes ( ) No If yes, list the names of tenants or occupants, and rent paid below:

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**What services are or will be at this location?**

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**What is the criteria for receiving services from your organization? What are the benefits your clients/customers receive?**

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**How are the services paid for?**

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**What is the fee schedule for your services? Do you have a sliding fee schedule based on income (please attach copies of your fee schedule.)**

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**What happens if a person seeking your services has no way of paying?**

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**How do your services relieve the "burden of government" in providing like services?**

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**What other exempt property does your organization own in the State of Michigan?**

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**In the event of dissolution, to whom would the property revert?**

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**CERTIFICATION:**

I hereby certify the preceding statements are true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Position with Organization or Church \_\_\_\_\_

**FILING REQUEST:**

In order for the Assessor to review your application for the next year's assessment roll, it must be filed no later than January 31st. You will be notified in writing of the Assessor's decision and your appeal rights to the local Board of Review. If you are unable to meet the January 31st deadline, you must file your application prior to the adjournment of the March Board of Review. This Board meets during the second week in March, each year. The Board can act on your exemption request and you are also protecting your right to appeal their decision. You will be notified in writing of the Board's decision.

Mail or deliver your application to:

Solon Township

15185 Algoma Ave NE

Cedar Springs, MI 49319

If you need help or have questions, please call: (616) 696-1718