



# Application for Miscellaneous Property

## Tax Exemption for \_\_\_\_\_ Year

**GENERAL INSTRUCTIONS:** This application is for use in claiming property tax exemptions pursuant to Tax Code §11.23. This application covers property you owned on January 1 of this year or acquired during this year. You must furnish all information and documentation required by the application.

**APPLICATION DEADLINES:** You must file the completed application with all required documentation between January 1 and no later than April 30 of the year for which you are requesting an exemption. If you acquired the property after January 1 of this year and wish to qualify for the exemption this year, you must apply before the first anniversary of the date you acquired the property or before the first anniversary of the date any property was acquired after January 1.

**ANNUAL APPLICATION REQUIRED:** You must apply for this exemption each year you claim entitlement to the exemption, except for exemption as veteran's organization, medical center development, county fair association or National Hispanic Institute.

For exemption as a veterans organization, medical center development, a county fair association or a National Hispanic Institute, you do not need to reapply annually, but you must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to property not listed in this application. You must notify the chief appraiser in writing by May 1 if and when your right to this exemption ends. Return the completed form to the address above.

### OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

### STEP 1: Property Owner/Applicant

The applicant is the following type of property owner:

- Individual     Partnership     Corporation     Other (specify): \_\_\_\_\_

Name of Property Owner

Physical Address	Driver's License, Personal ID Certificate, Social Security Number,** Federal Tax ID Number	
City, County, State, ZIP Code	% Ownership Interest	Phone (area code and number)

Applicant's Mailing Address (if different from the physical address provided above):

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Place an "X" or check mark in the box if the ownership interest identified above is less than 100 percent (100%) in the property for which you are claiming the exemption. Provide on a separate sheet the following information for each additional individual or entity who has an ownership interest in the property: property owner's name; driver's license, personal ID certificate, social security number, or federal tax ID number; primary phone number; mailing address; and percentage (%) of ownership interest in the property. Under Tax Code §11.41(a), if the applicant is not the sole owner of the property to which the exemption applies, the exemption shall be multiplied by a fraction, the numerator of which is the value of the property interest the applicant owns and the denominator of which is the value of the property.

If you are an Individual property owner filing this application on your own behalf, skip Step 2 and go to Step 3; all other applicants are required to complete Step 2.

### STEP 2: Authorized Representative

Provide the following information for the individual with the legal authority to act for the property owner in this matter:

Name of Authorized Representative	Driver's License, Personal ID Certificate, Social Security Number,** Federal Tax ID Number	
Title of Authorized Representative	Phone (area code and number)	County
Mailing Address		

\*\* Disclosure of your social security number (SSN) may be required and is authorized by law for the purpose of tax administration and identification of any individual affected by applicable law. Authority: 42 U.S.C. § 405(c)(2)(C)(i); Tax Code § 11.43(f). Except as authorized by Tax Code Section 11.48(b), a driver's license number, personal identification certificate number, or social security number provided in this application for an exemption filed with your county appraisal district is confidential and not open to public inspection under Tax Code Section 11.48(a).

**STEP 3. Check Type of Exemption Requested**

- Federation of Women's Clubs
- Nature Conservancy of Texas
- Congress of Parents and Teachers
- Private Enterprise Demonstration Association
- Medical Center Development
- Community Service Club
- Scientific Research Organization
- Veterans Organization
- County Fair Association
- Medical Center Development in Populous Counties
- National Hispanic Institute

**STEP 4. Answer these questions about the organization. All applicants answer these questions.**

What is the organization's purpose?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the organization's activities. (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how the organization's activities relieve a burden or duty of the state or community. (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the organization affiliated with a state or national organization?..... Yes  No

Is membership in the organization open to anyone, regardless of race, religion, or national origin?..... Yes  No

Explain how the organization's activities promote the physical, mental, and spiritual development of young people, development of patriotism and love of country, and interest in community affairs. (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of the charter, bylaws, or other documents adopted by the organization which govern its affairs, and answer the following questions.

Is your organization chartered by the United State Congress? ..... Yes  No

Do these documents pledge the organization's assets for use in performing the organization's charitable functions? ..... Yes  No

If "Yes," give the page and paragraph numbers. Page \_\_\_\_\_ Paragraph \_\_\_\_\_

Do these documents require the organization to operate in a nonprofit manner? ..... Yes  No

If "Yes," give the page and paragraph numbers. Page \_\_\_\_\_ Paragraph \_\_\_\_\_

Does the organization operate in such a manner that does not result in the accrual of distributable profits, the distribution of profits, or the realization of any other form or private gain? ..... Yes  No

**STEP 5. Complete if County Fair Association**

1. Does the association hold a license (issued after January 1, 2001) under the Texas Racing Act (Article 179e Vernon's Texas Civil Statutes) to conduct a horse race meeting or a greyhound race meeting with pari-mutuel wagering?..... Yes  No
2. Does the association use the land or a building to conduct a race meeting or greyhound race meeting with pari- mutuel wagering under a license issued after January 1, 2001? ..... Yes  No
3. Is the association a nonprofit corporation as defined by the Texas Non-Profit Corporation Act (Article 1396-1.01, et seq., Vernon's Texas Civil Statutes)? ..... Yes  No
4. Is the association exempt from federal income taxes as an organization under Section 501(c)(3), (4), or (5), Internal Revenue Code of 1986, as amended? ..... Yes  No
5. Is the association qualified for an exemption from the franchise tax under Section 171.060, Texas Tax Code? ..... Yes  No

**STEP 6. Complete if National Hispanic Institute**

Is the association exempt from federal income taxes as an organization under Section 501(a) Internal Revenue of 1986 as an organization described by Section 501 (c) (3) of that code ..... Yes  No

**STEP 7. Describe the property for which you are seeking an exemption**

PROPERTY TO BE EXEMPT:

- Attach one Schedule **A** (REAL PROPERTY) form for **EACH** parcel of real property to be exempt.
- Attach one Schedule **B** (PERSONAL PROPERTY) form listing **ALL** personal property to be exempt.
- List only property owned by the organization.

**STEP 8. Certification and Signature**

**NOTICE REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**

"I \_\_\_\_\_, swear and affirm the following:  
Printed Name of Property Owner or Authorized Representative

(1) that each fact contained in this application is true and correct; (2) that the property described in this application meets the qualifications under Texas law for the exemption claimed; (3) and that I have read and understand the *Notice Regarding Penalties for Making or Filing an Application concerning a False Statement*"

sign here ► \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Property Owner or Authorized Representative

**Schedule A: Description of Real Property**

- Complete one Schedule A form for EACH parcel qualified for exemption.
- Attach all completed schedules to your application for exemption.

Tax Year \_\_\_\_\_

HCAD Account Number (if known) \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Legal Description of Property (also attach a copy of deed(s)) \_\_\_\_\_

Describe the primary use of this property. \_\_\_\_\_

- Is this property used exclusively for charitable purposes? ..... Yes  No
- Is this property held for gain, rented or used with a view to profit? ..... Yes  No
- Is this property the organization's state headquarters? ..... Yes  No
- Is this property reasonably necessary for operation of the association/organization? ..... Yes  No
- Is this property located in a medical center area where the organization has donated land to the state for hospital or medical school? ..... Yes  No   
 If "Yes," is the medical center development complete? ..... Yes  No
- Is the property currently under active construction or physical preparation? ..... Yes  No   
 A. If under construction, when will construction be completed? (date) \_\_\_\_\_ \*\*  
 B. If under physical preparation, check which activity the organization has done. (Check all that apply.)  
 Architectural work       Soil testing       Site improvement work  
 Engineering work       Land clearing activities       Environmental or land use study
- Is the incomplete improvement designed and intended to be used by a qualified person for a purpose described by §11.23 (a)-(e), (g), or (i)-(k)? ..... Yes  No
- Is the land on which the incomplete improvement is located necessary for the use of the improvement for a purpose named in Question 7 above? ..... Yes  No

List all other individuals and organizations that used this property in the past year, and give the requested information for each.

Name	Dates Used	Activity	Rent Paid, If Any

**Schedule B: Description of Real Property**

- List all tangible property to be exempt on this schedule
- Attach all completed schedules to your application for exemption.

Tax Year  
\_\_\_\_\_

HCAD Account Number (if known)  
\_\_\_\_\_

\_\_\_\_\_  
Name of Property Owner

Is this property reasonably necessary for operation of the association/organization? ..... Yes  No

Is this property held for gain? ..... Yes  No

Is this property used exclusively for charitable purposes? ..... Yes  No

Is this property located in a medical center area where the organization has donated land for a state medical, dental, or nursing school? ..... Yes  No

If "Yes" is the medical center development complete? ..... Yes  No

Item	Location