



BARROW COUNTY BOARD OF TAX ASSESSORS

30 NORTH BROAD ST., WINDER, GA. 30680/ HISTORIC COURTHOUSE

(O)770-307-3108 (F)770-307-3405/ www.barrowga.org

EXEMPT PROPERTY APPLICATION

Exemptions Are Not Automatic And Must Be Applied For. Please Return This Application To The Tax Assessors' Office.

OWNERS NAME: _____

NAME AS LISTED ON TAX RECORDS: _____

MAILING ADDRESS _____ PROPERTY ADDRESS _____

REAL ESTATE PARCEL # _____

PERSONAL PROPERTY PARCEL # _____

FAIR MARKET VALUE SHOWING ON CURRENT DIGEST: \$ _____

DATE ACQUIRED _____ NUMBER OF ACRES _____

TYPE OF EXEMPTION APPLIED FOR: (CHECK ONE).

- () Unimproved Raw Land () Single Family Residence () Parsonage (Not Rented)
- () Non-Profit Public Hospital () Concession Stand () Church/Temple/Shrine
- () Private School-open to Public () Recreation Facilities () Church Admin Bldgs.
- () Fraternity Chapter Housing () Offices () Perpetual Care Cem. Off.
- () Meeting Halls () Club Houses () Dormitories
- () Non-Profit Home for Aging () Class Rooms () Paved
- () Pollution Control or Energy Saving(solar) Equipment () Others: (Specify)

(D.N.R. No. _____ and include certification). _____

IN THE SPACE NEXT TO THE APPROPRIATE DESCRIPTION OF THE USE OF THE PROPERTY FOR WHICH AN EXEMPTION IS BEING APPLIED FOR, INDICATE THE PROPER PERCENTAGE WHICH EACH DESCRIPTION REPRESENTS TO THE TOTAL PROPERTY. (EXAMPLE: 10% Burial, 20% Rel. Worship, 5% Parking, 65% Undeveloped Land).

_____ Undeveloped Land _____ Used for Recreation

_____ Parking Lot _____ Place of Religious Worship

_____ Present/Future Bldg Site _____ Place of Religious Burial

_____ Agricultural _____ Held for Investment

OTHER: (Specify) _____

MARK (X) ONE RESPONSE TO THE RIGHT OF EACH QUESTION BELOW: N/A(Not Applicable to You)

	YES	NO	N/A
Are any of the improvements which have been designated in Section A or B of this form AT ANY TIME rented, leased, income or fees received for the use of any part of this property(If yes, is indicated, please identify and explain circumstances and terms on attached sheet of paper.)	_____	_____	_____
Is the Property Open to the General Public?	_____	_____	_____
Does any person, group, or organization have priority use of property which is open to the general public?	_____	_____	_____
Is the use of the property restricted, limited, subject to approval, or reserved for the use by any person(s), group(s), or organization(s)?	_____	_____	_____
Is the premises used for private, social, or fraternal meetings?	_____	_____	_____
Are the property uses controlled by anyone other than current owner?	_____	_____	_____
Is Property Owner exempt from Federal/State Income Tax? If yes, fill in The IRC Sect. No. I.R.C. # _____ Ex.- Sect. 501 [c] [3].	_____	_____	_____
If Corporation Entity holds IRS 501[c] exemption, was it prior to 7/1/1959?	_____	_____	_____
Has the Federal or State Income Tax Exemption ever been revoked/susp.?	_____	_____	_____
Is the Property owner a Political Subdivision of County/State/Fed. Govt.?	_____	_____	_____
Is the Property owned by Private Individuals?	_____	_____	_____
Is the Property within the territorial limits of political Subdivision?	_____	_____	_____
Is the Property owned by Private Organizations or Clubs?	_____	_____	_____
Is the Property owner a Non-Profit corporation without Stockholders?	_____	_____	_____

PLEASE ATTACH SEPARATE SHEET IF NEEDED FOR RESPONSES TO FOLLOWING QUESTIONS BELOW:

Does the owner, any stockholder, or officer receive any income or profit for services rendered, or from the use of the property. If yes, explain. _____

	YES	NO	N/A
Is any incidental income received from non-rent use of the property? If so Explain source and how income used.	_____	_____	_____

If services are rendered by owner(hospital, charity, home for aged, etc.)are these services available to public w/o regard to payment ability? If No, Explain circumstances. _____

Is there any reversionary benefit to anyone upon the sale/change use of Property. If YES, specify whom. _____



List sources of funds received along with approximate percentage breakdown
For each source (Ex.- Contributions 50%, Fed. Asst. 25%, Public/Patients 20%,
Or membership fees 5%, etc.) _____

Explain briefly how these funds are used: _____

If the property or part of is vacant, do any activities occur on the premises _____
If yes, specify nature of activities and how often.

What are your days and hours of operation? _____

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

TITLE

PRINTED NAME

PHONE NUMBER

DATE

RETURN FORM TO BOARD OF ASSESSORS/30 N. BROAD ST./WINDER, GA. 30680

FOR BOARD OF ASSESSORS USE ONLY

EXEMPTION GRANTED _____ **EXEMPTION DENIED** _____ **DATE** _____