R. 5/2019 ADA Compliant



MARSHA M. FAUX, CFA, ASA

POLK COUNTY PROPERTY APPRAISER

AD VALOREM TAX EXEMPTION APPLICATION AND RETURN

DR-504 Attachment / Document Checklist

Organi	zation Name:				
Email A	Address:				
Contac	t Name:	Business Phone:			
INCOR	PORATION				
1.	Is your organization incorporated?	YES	NO		
2.	Have you attached your articles of incorporation?	YES	NO		
3.	Have you attached a copy of your IRS determination letter? Example: 501(c)(2), 501(c)(3), 501(c)(12), etc.	YES	NO		
4.		bove, please provide your Constitut	ion, Articles of		
	Assn, Declaration of Trust – OR – a statement (below or attach	ed) indicating your organizations a	m / purpose.		
PROPE	RTY				
1.	Is any of your property rented, leased, or used for non-exempt	t purposes? YES	NO		
2.	Have you attached a copy of all active rental/lease contracts?	YES	NO		
3.	REQUIRED: Please provide a statement (below or attached) indicating to what degree the proceeds of the sale,				
	lease, or other disposition of the organization's property will in directors, or officers.	nure to the benefit of the organizati	on's members,		
4.	4. REQUIRED: Please provide a detailed explanation of how the property is used (below or attached) and affirmative steps if necessary. Be sure to reference non-exempt uses. See definition of affirmative steps.				
	Affirmative Steps refers to documented or photographed proof of activities; land clearing or site preparation. Public worship parking, recreation, partaking of meals, and fellowship.	tural plans or schematic drawings; cons	truction or		
SALAR	Y STATEMENT				
	YESNO Does the organization pay any salaries, fees, any officer, director, trustee, member or sto	= :	on – OR – to		
	If YES - ATTACHMENT REQUIRED: Please attach a document(-			
	If NO - STATEMENT REQUIRED: Please initial the statemen		ent:		
INI	I certify, under penalty of perjury, this organization DC etc. for its operation – OR – to any officer, director, tr		s, gratuities,		

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OPERAL STREET

MARSHA M. FAUX, CFA, ASA

POLK COUNTY PROPERTY APPRAISER

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Organization N	ame:			
Email Address:				
Contact Name:			Business Phone:	
LOAN STATEM	ENT			
	NO OR gu - ATTACHMENT RE - STATEMENT REQ I certify, under per encumbrance payr	uarantees of any loan to or any QUIRED: Please attach a docur QUIRED: Please initial the state nalty of perjury, this organization	ges, liens, or encumbrance payments for the pobligation to any officer, director, trustee, etc ment(s) with all loans / obligations. The ment below or provide a similar statement: on DOES NOT have any mortgages, liens, or guarantees of any loan to or any obligation to	2.?
SERVICE CHARG	GE STATEMENT			
	- ATTACHMENT RE - STATEMENT REQ	UIRED: Please initial the state	f its services? ment(s) with all all service charges. ement below or provide a similar statement: on DOES NOT charge for any services.	
CONTRACTS ST	ATEMENT			
	NO director, good/su - ATTACHMENT RE	, trustee, member, etc. pertaini pplies, management of the orga QUIRED: Please attach a docur	cts between the organization and any officer, ing to rendition of service, provision of anization, construction / renovation of the organization, with all contracts / agreements.	ganization?
INITIALS		nalty of perjury, this organization officer, director, trustee, me	on DOES NOT have any contracts between the ember or stockholder, etc.	
documents,		atements, schedules, etc.,	mation provided on this form and any a are true and correct to the best of my	
	Print Name		Signature	-
	Title		Date	_

PLEASE NOTE: The property appraiser may require additional information to determine your eligibility for the exemption requested.

Please email the completed <u>DR-504 Exemption Application</u> along with this DR-504 Attachment / Document Checklist – AND – all supporting documentation to <u>paexemptions@polk-county.net</u>.