



FLOYD COUNTY, GEORGIA

BOARD OF ASSESSORS

EXEMPT PROPERTY APPLICATION

Date of Application _____ Digest Year _____

Titleholder's Name _____

Name on Digest (If Different) _____

Property Address _____

Date Property Acquired _____ Market Value _____

Ownership (Lease, Fee Simple, etc.) _____

A. Mark (X) the appropriate descriptions of all improvements on/to the parcel of land.

Total Number of Buildings _____

- | | | |
|---|--|--|
| <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 Hospital | <input type="checkbox"/> Recreation Facilities | <input type="checkbox"/> Shrine |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Offices | <input type="checkbox"/> Church Admin Building |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Meeting Hall | <input type="checkbox"/> Perpetual Care Cemetery |
| <input type="checkbox"/> Private School-Open to Public | <input type="checkbox"/> Club House | <input type="checkbox"/> Paved |
| <input type="checkbox"/> Housing Owned by Fraternity | <input type="checkbox"/> Dormitories | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Non-Profit Home for Aged | <input type="checkbox"/> Classrooms | _____ |
| <input type="checkbox"/> Pollution Control or Energy Saving (Solar) Equipment | | _____ |

D.N.R. No. _____ and include copy of Certification.

B. In the space next to the appropriate description of the use of the property for which the exemption being applied indicate the proper percentage which each description represents to the total property.

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

Answer each question appropriately:

	Yes	No	N/A
1. 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, please identify and explain circumstances and term on an attachment.	_____	_____	_____
2. Is the property open to the general public?	_____	_____	_____
3. 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)?	_____	_____	_____
4. Does any person, group or organization have priority of use of property Which is open to the general public?	_____	_____	_____
5. Is the premises used for private, social, or fraternal meetings?	_____	_____	_____
6. Are the property uses controlled by any individual or organization other than the owner of record?	_____	_____	_____
7. Is the property owner exempt from Federal/State Income Tax? If yes, provide the I.R.C. No. _____.	_____	_____	_____
8. If the corporation entity holds IRC 501(c) exemption, was it obtained prior to July 1, 1959?	_____	_____	_____
9. Has the Federal or State Income Tax Exemption status ever been revoked or suspended?	_____	_____	_____
10. Is the property owner a political subdivision or instrumentality of the County, State, or Federal Government?	_____	_____	_____
11. Is the property within the territorial limits of the political subdivision?	_____	_____	_____
12. Is the property owned by private individuals?	_____	_____	_____
13. Is the property owned by private organizations or clubs?	_____	_____	_____
14. Is the property owner a non-profit corporation without stockholders?	_____	_____	_____
15. Does the Owner, any Stockholder, or Officer receive any income or profit for services rendered or from the use of the property? (Explain)	_____	_____	_____

- | | Yes | No | N/A |
|---|------|------|------|
| 16. Is any incidental income received from a non-rent use of the property?
If so, explain source and how the income is used. _____

_____ | ____ | ____ | ____ |
| 17. If services are rendered by the owner, are these services available to the public without regard to the ability to pay by the person requesting the services? If no, explain. _____

_____ | ____ | ____ | ____ |
| 18. Is there any reversionary benefit to anyone upon the sale of the property or change in the use of the property? If yes, specify whom. _____

_____ | ____ | ____ | ____ |
| 19. List sources of funds received along with an approximate percentage breakdown for each source. (Ex. Contributions 50%, Federal Assistance 25%, Public or Patients 20%, Dues or Membership Fees 5%, etc.)

_____ | | | |
| 20. Explain briefly, how these funds are used. _____

_____ | | | |

	Yes	No	N/A
21. If the property or part of the property is a vacant lot, do any activities occur on the premises? If yes, specify the nature of the activities, and how often they occur. _____	_____	_____	_____

22. 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.

Print Name

Date

Signature