

OWNER INFORMATION

1. Date of Application: \_\_\_\_/\_\_\_/

## **Ada County**

**COMMISSIONERS' OFFICE** 200 W. Front Street Boise, Idaho 83702 (208) 287-7000 Fax: 287-7009 bocc1@adacounty.id.gov www.adacounty.id.gov

**Property Tax Exemption Application** 

A completed application must be filed for each parcel for which you seek an exemption. Please type your answers or write legibly. If you have any questions regarding this application, please call Please return this form as soon as possible to allow sufficient review time. APPLICATIONS MUST BE RECEIVED BY 5:00 P.M., APRIL 15<sup>TH</sup>, OF THE TAXING YEAR.

Month Day	Year
2. Parcel Number:	
3. Organization Name:	
4. Legal Owner of Property:	
5. Address, City, State, Zip of the l	Property:
6. Date Property was Acquired by	Organization: / / /
7. Type of Property (please check of	one): o Real Property o Personal Property
8. If this request is for personal pro- used exclusively for which you	operty, is any of the personal property associated with this parcel leased or not are requesting this exemption?
☐ Idaho Code § 63-602B - ☐ Idaho Code § 63-602C -	daho Code are you seeking tax exemption? Religious Corporations or Societies Fraternal, Benevolent, or Charitable Corporations or Societies Property Used for School or Educational Purposes Other (fill in the appropriate code citation)
☐ Idaho Code §	Salet (int in the appropriate code citation)
- LIST ON SEPARATE SH  10. Attach a letter explaining th For your convenience, the Off Code §§ 63-602B, 63-602C, 6 sections that may affect your t Public Library, or online at the You may also link to their site	
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PROPERTY VALUES - OPTIONAL
The information collected by questions 13 and 14 is for statistical purposes only. Choosing to answer these two questions will <b>NOT AFFECT OR CHANGE</b> the eligibility of your organization's property for an exemption.
13. What is the insured value of the personal property that is associated with this parcel?
14. What is the insured value of the improvements (such as buildings or parking lots) located on this parcel?  If your organization does not own any real property, you may disregard this question.  \$
PLEASE TELL US
15. If the applicant is not the legal owner, explain the relationship between the applicant and the legal owner.
16. What was the principal activity of the applicant organization <u>on January 1 of this year</u> ? Be specific and consider all activities. Please answer this question on a separate sheet of paper.
17. What was the principal use of this property on January 1 of this year? Be specific and consider all uses. Please answer this question on a separate sheet of paper.
CONTACT INFORMATION
18. Contact Person:
19. Title:
20. Email Address:
21. Mailing Address:
22. Daytime Telephone Number: ()
DID YOU REMEMBER TO
<ul> <li>□ Complete the entire application?</li> <li>□ Enclose a letter requesting exemption pursuant to the Idaho Code?</li> <li>□ Enclose the completed worksheet(s) for your exemption?</li> <li>□ Enclose a copy of your year-end financial statements?</li> <li>□ Enclose a copy of your articles of incorporation and by-laws?</li> </ul>
PLEASE RETURN TO
Board of Ada County Commissioners  200 W. Front Street, Boise, ID 83702  EMAIL: BOCC1@ADACOUNTY.ID.GOV  Please return this form as soon as possible. APPLICATIONS MUST BE RECEIVED BY 5:00 P.M., APRIL 15 <sup>TH</sup> .  If you have any questions regarding this application, please call (208) 287-7000.
FOR YOUR SIGNATURE
<u>I CERTIFY</u> , to the best of my knowledge and belief, the information provided herein is true and correct.
Applicant's Cimpture March Dr. V