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 (208) 642-6000. Please return this form as soon as possible to allow sufficient review time. Applications must be received by the 4th Monday of June to be considered.

**OWNER INFORMATION**

1. Date of Application: _____/_____/_____
   Month Day Year
2. Parcel Number: ___________________________________
3. Organization Name: _______________________________________________________________________
4. Legal Owner of Property: ___________________________________________________________________
5. Address, City, State, Zip of the Property: _____________________________________________________
6. Date Property was Acquired by Organization: _____/___
   Month Year
7. Type of Property (please check one): □ Real Property □ Personal Property
8. If this request is for personal property, is any of the personal property associated with this parcel leased or not used exclusively for which you are requesting this exemption?
9. Under which section(s) of the Idaho Code are you seeking tax exemption?
   □ Idaho Code § 63-602B - Religious Corporations Or Societies
   □ Idaho Code § 63-602C - Fraternal, Benevolent, Or Charitable Societies
   □ Idaho Code § 63-602D - Certain Hospitals
   □ Idaho Code § 63-602E - Property Used For School Or Educational Purposes
   □ Idaho Code § ______ - ____________ - Other (fill in the appropriate code citation)

**LIST ON SEPARATE SHEETS OF PAPER**

10. Attach a letter explaining the basis for your exemption request under applicable Idaho Code section(s). Please be advised that there may be other Idaho Code sections that may affect your tax exemption request. A complete copy of the Idaho Code is available at the Payette Public Library or online at www.legislature.idaho.gov.
11. Attach a copy of your organization’s articles of incorporation, by-laws and year-end financial statements.
12. Please complete the attached worksheets that apply to the type of exemption you are seeking.
   □ Complete Worksheet 63-602B if you are seeking an exemption for religious corporations or societies.
   □ Complete Worksheet 63-602C if you are seeking an exemption for a fraternal, benevolent, or charitable society.
   □ Complete Worksheet 63-602D if you are seeking an exemption for certain hospitals.
   □ Complete Worksheet 63-602E if you are seeking an exemption for a school or educational purposes.
The information collected by questions 13 and 14 is for statistical purposes only. Choosing to answer these two questions will NOT EFFECT OR CHANGE 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. $_______

If the applicant is not the legal owner, explain the relationship between the applicant and the legal owner.

What was the principal activity of the applicant organization on January 1, of this year? Be specific and consider all activities. Please answer this question on a separate sheet of paper.

What was the principle 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 Person: _______________________________________________________________________
Title: _______________________________________________________________________
Mailing Address: _____________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Daytime Telephone Number: (______) ______-_________

Did you remember to...

☐ Complete the entire application?
☐ Enclose a letter requesting exemption pursuant to the Idaho Code?
☐ Enclose the completed worksheet(s) for your exemption?
☐ Enclose a copy of your year-end financial statements?
☐ Enclose a copy of your articles of incorporation and by-laws?

I CERTIFY, to the best of my knowledge and belief, the information provided herein is true and correct.

Applicant’s Signature ____________________________  Month / Day / Year
The foregoing APPLICATION IS APPROVED / DENIED this _________ day of _____________, 20____ by a vote of ______ to _____.

BOARD OF PAYETTE COUNTY COMMISSIONERS

ATTEST:

Marc Shigeta, Chairman

Betty J. Dressen
Clerk of the Court

Rudy Endrikat, Member

Larry Church, Member