



TRAVIS CENTRAL APPRAISAL DISTRICT

P.O. Box 149012
Austin, Texas 78714-9012 (512) 834-9317
TDD (512) 836-3328 FAX (512) 835-5371

**APPLICATION FOR MISCELLANEOUS
PROPERTY TAX EXEMPTIONS
FOR _____**

This application covers property you owned on January 1 of this year, or acquired during this year. If you owned the property on January 1, you must file the completed form between January 1 and no later than April 30 of this year. If you acquire the property after January 1 of this year and wish to qualify for the exemption this year, you must apply before the first anniversary of the date you acquired the property, or before the first anniversary of the date any property was acquired after January 1. Be sure to attach any additional documents requested. You must apply for this exemption every year, except for exemption as a medical center development. This exemption will not be automatically renewed.

For exemption as a medical center development or county fair association, you do not need to reapply annually once the chief appraiser grants the exemption. You must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to property not listed in this application. You must notify the chief appraiser in writing if and when your right to this exemption ends.

STEP 1: NAME AND ADDRESS OF OWNER	Name of owner		
	Present mailing address (number and street)		
	City, state, and zip code		Phone (area code and number)
	Name of person preparing this application	Driver's License, Personal I.D. Certificate, or Social Security# *	Title
	Type of owner (check appropriate box) <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Corporation		

STEP 2: CHECK TYPE OF EXEMPTION REQUESTED	<input type="checkbox"/> Federation of Women's Clubs	<input type="checkbox"/> Medical center development
	<input type="checkbox"/> Nature Conservancy of Texas	<input type="checkbox"/> Community service club
	<input type="checkbox"/> Congress of Parents and Teachers	<input type="checkbox"/> Scientific research organization
	<input type="checkbox"/> Private enterprise demonstration association	<input type="checkbox"/> Veterans' organization
		<input type="checkbox"/> County fair association

STEP 3: ANSWER THESE QUESTIONS ABOUT THE ORGANIZATION	What is the organization's purpose?
	Describe the organization's activities. <i>(Attach additional sheets if necessary.)</i>
	Explain how the organization's activities relieve a burden or duty of the state or community. <i>(Attach additional sheets if necessary.)</i>
	Is the organization affiliated with a state or national organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Is membership in the organization open to anyone, regardless of race, religion or national origin? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Explain how the organization's activities promote the physical, mental and spiritual development of young people, development of patriotism and love of country and interest in community affairs. <i>(Attach additional sheets if necessary.)</i>

ALL APPLICANTS ANSWER THESE QUESTIONS	<p><i>Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.</i></p> <p>Is your organization chartered by the United States Congress? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do these documents pledge the organization's assets for use in performing the organization's charitable functions? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES", give the page and paragraph numbers. Page _____ Paragraph _____</p> <hr/> <p>Do these documents require the organization to operate in a nonprofit manner? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES", give the page and paragraph numbers. Page _____ Paragraph _____</p> <p>Attach a list of salaries and other compensation for services paid in the last year. Also list any funds distributed to members, shareholders or directors in the last year. In each case, give recipient's name, type of service rendered or reason for payment and amounts paid.</p>				
STEP 4: COMPLETE IF COUNTY FAIR ASSOCIATION	<ol style="list-style-type: none"> 1. Does the association hold a license (issued after January 1, 2001) under the Texas Racing Act (Article 179e, Vernon's Texas Civil Statutes) to conduct a horse race meeting or a greyhound race meeting with pari-mutuel wagering? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Does the association use the land or a building to conduct a race meeting or greyhound race meeting with pari-mutuel wagering under a license issued after January 1, 2001? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Is the association a nonprofit corporation as defined by the Texas Non-Profit Corporation Act (Article 1396-1.01, et seq., Vernon's Texas Civil Statutes)? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Is the association exempt from federal income taxes as an organization under Section 501(c)(3),(4), or (5), Internal Revenue Code of 1986, as amended? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Is the association qualified for an exemption from the franchise tax under Section 171.060, Texas Tax Code? <input type="checkbox"/> YES <input type="checkbox"/> NO 				
STEP 5: DESCRIBE YOUR PROPERTY	<p>PROPERTY TO BE EXEMPT:</p> <ul style="list-style-type: none"> * Attach one Schedule A (REAL PROPERTY) form for EACH parcel of real property to be exempt. * Attach one Schedule B (PERSONAL PROPERTY) form listing ALL personal property to be exempt. * List only property owned by the organization. 				
STEP 6: SIGN THE APPLICATION	<ul style="list-style-type: none"> * By signing this application, you designate the property described in the attached Schedules A and B as the property against which the exemption checked on page 1 may be claimed in this appraisal district. * You certify that this information is true and correct to the best of your knowledge and belief. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%; padding: 2px;">ON behalf of (name of organization)</td> <td style="width: 30%; padding: 2px;">Date</td> </tr> <tr> <td style="padding: 2px;">sign here Authorized signature</td> <td style="padding: 2px;">Title</td> </tr> </table> <p style="font-size: small; margin-top: 5px;"><i>If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.</i></p>	ON behalf of (name of organization)	Date	sign here Authorized signature	Title
ON behalf of (name of organization)	Date				
sign here Authorized signature	Title				

* You are required to give us this information on this form, in order to perform tax related functions for this office. Section 11.43 of the Tax Code authorizes this office to request this information to determine tax compliance. The chief appraiser is required to keep the information confidential and not open to public inspection, except to appraisal office employees who appraise property and as authorized by Section 11.48(b), Tax Code.

Schedule A: Description of real property

- . Complete one Schedule A form for EACH parcel qualified for exemption.
- . Attach all completed schedules to your application for exemption.

Name of owner				
Legal description of property				
			Appraisal District account number	
Describe the primary use of this property				
1. Is this property used exclusively for charitable purposes?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. Is this property held for gain, rented or used with a view to profit?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3. Is this property the organization's state headquarters?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. Is this property reasonably necessary for operation of the association/organization?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5. Is this property located in a medical center area where the organization has donated land to the state for a hospital or medical school? If "YES", is the medical center development complete?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6. Is the property currently under active construction or physical preparation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
A. If under construction, when will construction be completed? (date) _____ **				
B. If under physical preparation, check which activity the organization has done. (Check all that apply and attach copies to application.)				
_____ Architectural work	_____ Land clearing activities			
_____ Engineering work	_____ Site improvement work			
_____ Soil testing	_____ Environmental or land use study			
7. Is the incomplete improvement designated above designed and intended to be used by a qualified person for a purpose described by Sec. 11.23(a)-(e), (g), or (i)-(k)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
8. Is the land on which the incomplete improvement is located necessary for the use of the improvement for a purpose named in question 7 above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
List all other individuals and organizations that used this property in the past year, and give the requested information for each.				
NAME	DATES USED	ACTIVITY	RENT PAID, IF ANY	

Continue on additional sheets as needed

**** An incomplete improvement exempted for the three years preceding the 2003 tax year is entitled to exemption for the 2003 tax year regardless of whether the property owner applies for the exemption for the 2003 tax year if the property otherwise qualifies. The chief appraiser may require the property owner to file an application to confirm the owner's qualification for exemption for the 2003 tax year. An exemption for an incomplete improvement is for five years. Effective January 1, 2006, the exemption will revert back to three years.**

TRAVIS CENTRAL APPRAISAL DISTRICT



ART CORY
CHIEF APPRAISER

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS, APPLICABLE TO YOUR ORGANIZATION, ALONG WITH THE COMPLETED APPLICATION:

- A: DEED**
- B: CHARTER**
- C: CONSTITUTION**
- D: BYLAWS**
- E: ARTICLES OF INCORPORATION**
- F: IRS FORM 990 (Return of Organization Exempt From Income Tax)**
- G: IRS FORM 1023 (Application for Recognition of Exemption under Sec. 501(c)(3) of the Internal Revenue Code) OR DETERMINATION LETTER**
- H: CURRICULUM (Private School)**
- I: COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) designation/certification**
- J: DOCUMENTS REQUESTED WITHIN APPLICATION**
- K: ANY DOCUMENTS THAT YOU FEEL WOULD BE BENEFICIAL IN PROCESSING YOUR APPLICATION OR ANY OTHER DOCUMENTS WHICH SUPPORT YOUR CLAIM TO TAX EXEMPTION**

MAIL ALL INFORMATION TO:

**TRAVIS CENTRAL APPRAISAL DISTRICT
P.O. BOX 149012
AUSTIN, TX 78714-9012**

ATTENTION: DENISE PIERCE, EXEMPTIONS ADMINISTRATOR