



**STEP 2: Authorized Representative**

Provide the following information for the individual with the legal authority to act for the property owner in this matter:

Name of Authorized Representative		Driver's License, Personal ID Certificate Social Security Number**		
Title of Authorized Representative	Primary Phone Number (area code and number)		Email Address***	
Mailing Address	City	County	State	ZIP Code

\*\* Disclosure of your social security number (SSN) may be required and is authorized by law for the purpose of tax administration and identification of any individual affected by applicable law. Authority: 42 U.S.C. § 405(c)(2)(C)(i); Tax Code § 11.43(f). Except as authorized by Tax Code Section 11.48(b), a driver's license number, personal identification certificate number or social security number provided in this application for an exemption filed with your county appraisal district is confidential and not open to public inspection under Tax Code Section 11.48(a).

\*\*\* An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.

**STEP 3: Check type of exemption requested**

<input type="checkbox"/> Federation of Women's Clubs	<input type="checkbox"/> Medical Center Development	<input type="checkbox"/> County Fair Association
<input type="checkbox"/> Nature Conservancy of Texas	<input type="checkbox"/> Community Service Club	<input type="checkbox"/> Medical Center Development in Populous Counties
<input type="checkbox"/> Congress of Parents and Teachers	<input type="checkbox"/> Scientific Research Organization	<input type="checkbox"/> National Hispanic Institute
<input type="checkbox"/> Private Enterprise Demonstration Association	<input type="checkbox"/> Veterans' Organization	

**STEP 4: Answer these questions about the organization. All applicants answer these questions.**

What is the organization's purpose?

Describe the organization's activities. (Attach additional sheets if necessary.)

Explain how the organization's activities relieve a burden or duty of the state or community. (Attach additional sheets if necessary.)

Is the organization affiliated with a state or national organization? .....  Yes  No

Is membership in the organization open to anyone, regardless of race, religion or national origin? .....  Yes  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. (Attach additional sheets if necessary.)

Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.

- Is your organization chartered by the United States Congress?  Yes  No
- Do these documents pledge the organization's assets for use in performing the organization's charitable functions?  Yes  No  
If yes, give the page and paragraph numbers Page \_\_\_\_\_ Paragraph \_\_\_\_\_
- Do these documents require the organization to operate in a nonprofit manner?  Yes  No  
If yes, give the page and paragraph numbers Page \_\_\_\_\_ Paragraph \_\_\_\_\_
- Does the organization operate in such a manner that does not result in the accrual of distributable profits, the distribution of profits or the realization of any other form of private gain?  Yes  No

**STEP 5: Complete if County Fair Association**

- 1. Does the association hold a license (issued after Jan. 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?  Yes  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 Jan. 1, 2001?  Yes  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)?  Yes  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?  Yes  No
- 5. Is the association qualified for an exemption from the franchise tax under Tax Code Section 171.060?  Yes  No

**STEP 6: Complete if National Hispanic Institute**

Is the association exempt from federal income taxes as an organization under Section 501(a), Internal Revenue of 1986 as an organization described by Section 501(c)(3) of that code?  Yes  No

**STEP 7: Describe the property for which you are seeking an exemption**

PROPERTY TO BE EXEMPT:

- 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 8: Certification and Signature**

**NOTICE REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**

"I, \_\_\_\_\_, swear or affirm the following:  
Printed Name of Property Owner or Authorized Representative

(1) that each fact contained in this application is true and correct; (2) that the property described in this application meets the qualifications under Texas law for the exemption claimed; and (3) that I have read and understand the *Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.*"

**sign here** ➔

\_\_\_\_\_  
Signature of Property Owner or Authorized Representative

\_\_\_\_\_  
Date

## 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 Property Owner

Appraisal District Account Number (if known)

Legal description of property:

Describe the primary use of this property:

1. Is this property used exclusively for charitable purposes? .....  Yes  No
2. Is this property held for gain, rented or used with a view to profit? .....  Yes  No
3. Is this property the organization's state headquarters? .....  Yes  No
4. Is this property reasonably necessary for operation of the association/organization? .....  Yes  No
5. Is this property located in a medical center area where the organization has donated land to the state for hospital or medical school? .....  Yes  No  
 If yes, is the medical center development complete? .....  Yes  No
6. Is the property currently under active construction or physical preparation? .....  Yes  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.)
 

<input type="checkbox"/> Architectural work	<input type="checkbox"/> Soil testing	<input type="checkbox"/> Site improvement work
<input type="checkbox"/> Engineering work	<input type="checkbox"/> Land clearing activities	<input type="checkbox"/> Environmental or land use study
7. Is the incomplete improvement designed and intended to be used by a qualified person for a purpose described by Tax Code Section 11.23 (a)-(e), (g) or (i)-(k)? .....  Yes  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? .....  Yes  No

List all other individuals and organizations that used this property in the past year and give the requested information for each.

Name	Date Used	Activity	Rent Paid, If Any

Continue on additional sheets as needed.

