



APPLICATION FOR PROPERTY TAX EXEMPTION

Please complete a separate application for each parcel.

Tax Parcel No.: _____

Property Address: _____

Legal Description: _____

Current Assessed Value: _____

Property Owner: _____

Mailing Address: _____

Name(s) and title(s) of official representatives that might be contacted if there are questions on this application.

Please provide a description of the current uses of the property, be as specific as you can.

Daytime Telephone, E-Mail, and/or Fax:

1. Is the property owner chartered or incorporated under the laws of the Commonwealth of Virginia:

YES NO

2. For what purpose is the owner chartered, incorporated, or otherwise in existence?

3. The property qualifies for exemption based on **(check one box only please)**

CLASSIFICATION

ARTICLE X, SECTION 6 OF THE CONSTITUTION OF VIRGINIA

Request for tax exemption of real and/or personal property after January 1, 2003

- Owned directly or indirectly by Commonwealth of Virginia or any political subdivision
- A church or religious body with uses shown in Sections 58.1-3606 and 58.1-3617
- Nonprofit private or public burying grounds or cemeteries
- Libraries or private schools, as defined and used in accordance with Section 58.1-3606

GRANDFATHERED BY DESIGNATION – CITY OF SALEM
VIRGINIA CODE SECTIONS 58.1-3607 AND 58.1-3650

Approved by General Assembly prior to 1971

(Name of Owner in which Tax-Exempt Designation was granted)

DESIGNATION BY CITY OF SALEM

ARTICLE X, SECTION 6 OF THE CONSTITUTION OF VIRGINIA AND VIRGINIA CODE
SECTION 58.1-3651

Request for tax exemption of real and/or personal property after January 1, 2003

4. Please provide a specific explanation of the property use. If there are several types of use, or several parcels, indicate such usages by areas of the buildings, floor locations, and land allocations.

5. Does any individual or entity other than the property owner occupy or use any part of the premises?

YES NO

If yes, provide details:

6. Is any income received from the use of any portion of the property whether considered as rent or reimbursement for services incurred?

YES NO

If yes, provide details:

7. Does the property owner have an exemption from taxation under the United States Internal Revenue Service (IRS) Code, Section 501(c)?

YES NO

Under any other provide of the IRS Code?

YES NO

If yes to either, please provide:

the IRS identification number: _____

the date of the IRS ruling: _____

8. Is the property owner requesting a 100% exemption from real or personal property taxes?

YES NO

If no, provide the percentage requested and a detailed explanation:

9. Attach your most recent financial statements including, where applicable, forms filed with the IRS, reflecting income and expenditures for the most current 12-month reporting period. All submitted documents will become part of this application.

The attached financial statement is for the period _____ to _____.

Attach a list containing the names of all trustees together with any date and court in which they were qualified.

Attach the names and compensation of all directors, officers, or employees of the organization.

Attach a description and an estimate of value for any donated personal services, in-kind contributions or other material services that would be defined as donations.

10. Has a current annual alcoholic beverage license for servicing alcoholic beverages been issued by the Virginia Alcohol Beverage Control Board to the applying organization for use on such property?

YES

NO

If yes, please explain:

Does any part of the net earnings of the applicant organization inure to the benefit of any individual?

YES

NO

If yes, please explain:

11. Please describe the circumstances that would qualify or disqualify a City of Salem resident for services provided by your organization.

12. Please describe any activities of the organization that involve lobbying efforts or otherwise attempting to influence legislation. Also describe if the organization participates in, or intervenes in, any political campaign on behalf of any candidate for public office.

Please certify the following statement or provide an explanation why you cannot.

I certify that the applicant has no rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin.

ORGANIZATION:

By: Officer's Name: _____
Officer's Title: _____
Date: _____

COMMONWEALTH OF VIRGINIA
CITY / COUNTY OF _____

(Officer's Name) being duly sworn, deposes, and states that as the
(Officer's Title) of _____ (Legal Name of
Ownership Organization), he or she has read this application and knows the contents thereof and that the matters
stated are true.

(Signature of Officer)

Subscribed and sworn to before me this _____ day of _____.

(Notary Public)

Real Estate Department
114 N. Broad Street
Salem, VA 24153

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(540) 375-3003 - Fax
realestate@salemva.gov