

STATE TAX COMMISSION USE ONLY	
Application Number	Year
Date Received	

## Application for Exemption of Charitable Nonprofit Housing Property

Issued under the authority of Public Act 206 of 1893, Michigan Compiled Law 211.7kk. Filing is mandatory.

**Instructions:** A copy of the Charitable Nonprofit Organization's articles of incorporation and a deed or other documentation showing ownership must be mailed to the State Tax Commission along with this application. If the governing body of the local unit adopted a resolution exempting the property from the collection of taxes prior to December 31, 2014, a copy of that resolution must also be mailed to the State Tax Commission. In order to be processed in the current year, applications must be received by the State Tax Commission no later than October 31. If approved, the eligible nonprofit housing property will be exempt from taxes collected under the General Property Tax Act, Public Act 206 of 1893 for three or five years, whichever is authorized under MCL 211.7kk, based on the type of eligible nonprofit housing property. The Charitable Nonprofit Housing Organization and local unit assessing officer will be notified of the State Tax Commission's decision.

PART 1: CHARITABLE NONPROFIT HOUSING ORGANIZATION INFORMATION			
Name of Charitable Nonprofit Housing Organization		Email Address	
Name of Company Officer (First, Initial and Last)		Phone Number	
Street Address	City	State	ZIP Code
PART 2: ELIGIBLE NONPROFIT HOUSING PROPERTY INFORMATION			
Name of Local Unit (Check Township or City) <input type="checkbox"/> Township <input type="checkbox"/> City		County	
Current Year Taxable Value	Property Address	Parcel Code Number	
PART 3: ELIGIBLE NONPROFIT HOUSING TYPE			
Indicate the type of property by checking the appropriate box.			
a. <input type="checkbox"/> Single Family Dwelling	d. <input type="checkbox"/> Residential Building Lot	A Residential Building Lot may be vacant or can contain a structure that will be torn down within one year of the transfer of the lot to the organization. If a structure is on the lot, complete the additional information requested below:	
b. <input type="checkbox"/> Duplex			
c. <input type="checkbox"/> Multi-unit Building with four or fewer units			
Number of Units (1, 2, 3 or 4): _____		Date of Property Transfer: _____	
		Date of Demolition (completed or anticipated): _____	
PART 4: ADDITIONAL REQUIRED DOCUMENTATION			
Attach items 1 and 2, and 3 if appropriate, to the completed application.			
1. <input type="checkbox"/> Articles of incorporation for the above stated Charitable Nonprofit Housing Organization.			
2. <input type="checkbox"/> A copy of the deed or other documentation showing that the charitable nonprofit housing organization owns the subject property.			
3. <input type="checkbox"/> If this property was exempt under MCL 211.7kk prior to December 31, 2014, a copy of the local unit resolution approving the exemption.			
PART 5: NARRATIVE DESCRIPTION			
Detailed description of the rehabilitation or construction. Include interior and exterior changes, the number and function of rooms in the house, and a description of the fixed building equipment to be added or replaced. Attach additional pages if necessary.			
PART 6: INTENDED USE OF ELIGIBLE NONPROFIT HOUSING PROPERTY			
Does the Charitable Nonprofit Housing Organization intend to transfer the Eligible Nonprofit Housing Property to a low-income person to be used as that low-income person's principal residence after construction or renovation of the property is completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART 7: CERTIFICATION			
<i>The undersigned certifies that to the best of his/her knowledge, no information contained herein, or in the attachments hereto, is false in any way and that all of the information is truly descriptive of the property for which this application is being submitted. Further, the undersigned is aware that, if any statement or information provided is untrue, the application for exemption may be denied.</i>			
Signature of Company Officer from Part 1			Date

**Mail the completed application and additional required documentation to:**

Michigan Department of Treasury, State Tax Commission,  
P.O. Box 30471  
Lansing, MI 48909  
**Telephone:** 517-335-7491  
**Email:** pte-section@michigan.gov