



Application for Miscellaneous Property Tax Exemptions

Property Tax
Form 50-128

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

GENERAL INSTRUCTIONS: This application is for use in claiming property tax exemptions pursuant to Tax Code §11.23. This application covers property you owned on January 1 of this year or acquired during this year. You must furnish all information and documentation required by the application.

APPLICATION DEADLINES: You must file the completed application with all required documentation between January 1 and no later than April 30 of the year for which you are requesting an exemption. If you acquired 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.

ANNUAL APPLICATION REQUIRED: You must apply for this exemption each year you claim entitlement to the exemption, except for exemption as a medical center development or county fair association.

For exemption as a medical center development or a county fair association, you do not need to reapply annually, but 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. Return the completed form to the address above.

OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

STEP 1: State the Year for Which You are Seeking an Exemption

State the year for which you are seeking an exemption

STEP 2: Provide Name and Mailing Address of Property Owner and Identity of Person Preparing Application

Name of Property Owner

Mailing Address

City, State, ZIP Code

Phone (area code and number)

Property Owner is a(n) (check one):

Individual Partnership Corporation Other (specify): _____

Name of Person Preparing this Application

Title

Driver's License, Personal I.D. Certificate, or Social Security Number*

If this application is for an exemption from ad valorem taxation of property owned by a charitable organization with a federal tax identification number, that number may be provided here in lieu of a driver's license number, personal identification certificate number, or social security number:

* Unless the applicant is a charitable organization with a federal tax identification number, the applicant's driver's license number, personal identification certificate number, or social security account number is required. Pursuant to Tax Code Section 11.48(a), a driver's license number, personal identification certificate number, or social security account number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b). If the applicant is a charitable organization with a federal tax identification number, the applicant may provide the organization's federal tax identification number in lieu of a driver's license number, personal identification certificate number, or social security account number.

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"/> 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 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? 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 January 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 Section 171.060, Texas Tax Code? Yes No

STEP 6: 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 7: Read, Sign, and Date

- 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 the information provided in this application is true and correct to the best of your knowledge and belief.

On Behalf of *(name of property owner)* _____

_____ Date

sign here ➔

_____ Authorized Signature

_____ Title

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 Section 37.10, Penal 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 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 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	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.

Schedule B: Description of Personal Property

- List all tangible property to be exempt on this schedule.
- Attach all completed schedules to your application for exemption.

Name of Property Owner

Is this property reasonably necessary for operation of the association/organization? Yes No

Is this property held for gain? Yes No

Is this property used exclusively for charitable purposes? Yes No

Is this property located in a medical center area where the organization has donated land for a state medical, dental or nursing school? Yes No

If "YES," is the medical center development complete? Yes No

Item	Location

Continue on additional sheets as needed.