Rouss City Hall
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APPLICATION FOR REAL ESTATE TAX EXEMPTION BY QUALIFYING CLASSIFICATION OR DESIGNATION

For any answers that require more space, please include attachments

Tax Parcel ID#: _____ Acreage: _____

Property Owner: _____

Name of Organization (if different from Property Owner): _____

Mailing Address Street: _____

Mailing Address City, State, Zip: _____

Property Address: _____

Legal Description of Property: _____

1. Indicate the type of exemption desired: Classification _____ Designation _____
   Exemptions by classification shall be strictly construed in accordance with Article X, Section 6(f) of the Constitution of Virginia.

2. By what specific section of the Constitution and the Code of Virginia do you claim this exemption?

   _____

3. Is the property ownership chartered or incorporated under the laws of the Commonwealth of Virginia?
   Yes _____ No _____ (If yes, attach a copy of the charter)

4. For what purpose is the ownership chartered, incorporated or otherwise in existence?

   _____

   _____

   _____

   _____

5. For what purpose is the property being used? Please be specific and include use of acreage, if applicable. If there are several types of use, indicate such usages by areas of the building, floor locations and land allocations.

Acreage/Portion	Description of Use	Beginning Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Does any other individual, organization, association or corporation occupy or use any part of the premises? Yes _____ No _____

   If yes, give details: (How often, what part of the building or property, name of organization)

   _____

   _____

   _____

   _____

   _____

7. Is any income, be it earnest money or in kind services, received from the use of any portion of the property by other individuals or groups, whether considered as rent or reimbursement for necessary expenses for services incurred? Yes _____ No _____

   If yes, please give details: _____

   _____

   _____

   _____

   _____

8. Does your ownership group have an exemption under U. S. Internal Revenue code so that gifts to your group are deductible by the donor? Yes _____ No _____

   (a) If yes, give date of Internal Revenue ruling: _____

   (b) Give Internal Revenue Identification number: _____

9. REQUIRED DOCUMENTATION
   (a) Attach to this application your most recent financial statement, including, where applicable, IRS Forms 900; 990; 990EZ; 990T; reflecting income and expenditures for the most current twelve (12) month reporting period, which statement will become a part of this application. The attached financial statement is for the period from _____ to _____.
   (b) Attach a copy of the organization's Constitution, By-Laws, Articles of Incorporation, and/or other related documents.
   (c) Attach a list reflecting the names of all trustees or corporate/organization officers, the date appointed or elected, and the court in which they qualified or identify the instrument in which they were officially appointed.
   (d) If investments, such as stock or bonds, are reflected on the financial statement, attach a list of all such investments, including name of stock, date received and value.
   (e) If applying for exemption by designation, please attach a check or money order made payable to the 'Commissioner of the Revenue' in the amount of $350.00 for the applicable deposit for publication as required under Section 27-32 of the City Code.

10. FILING DEADLINE AND EFFECTIVE DATE OF EXEMPTION
   (a) For exemption by classification, the applicant may file at any time. The Commissioner of the Revenue shall determine effective date of exemption based upon dates of qualifying ownership and usage.
   (b) For exemption by designation, the applicant must submit a completed application with all supporting documentation on or before November 1. Applications, if fully approved, shall then take effect July 1 of the following year.

For additional information, please refer to Code of the City of Winchester §§27-31 - 27-37, available on the City's website. The office of the Commissioner of the Revenue will gladly provide assistance with the application process.

Application completed by: _____

Title: _____ Date Submitted: _____

Contact person: _____ Telephone Number: _____

I, _____, an appointed or elected Trustee/Officer for the above named organization, certify under penalty of law that this application and all attachments hereto have been examined by me and all information is true and correct.

Signature of Trustee/Officer: _____

Title: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public: _____

My commission expires: _____