



DENISE L. MONDHINK-FELTON
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APPLICATION & QUESTIONNAIRE FOR PROPERTY TAX EXEMPTION

NAME OF ORGANIZATION: _____ ISSUE DATE: _____
(PLEASE PRINT)

CONTACT NAME: _____ EMAIL ADDRESS: _____

CONTACT PHONE: _____ BUSINESS PHONE: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____
(IF THERE ARE MULTIPLE LOCATION ADDRESSES, PLEASE ATTACH AN ADDITIONAL SHEET)

ARE YOU CLAIMING EXEMPTION FOR: (CHECK ALL THAT APPLY)

- REAL PROPERTY ASSESSOR'S PARCEL NUMBER: _____
- PERSONAL PROPERTY ASSESSOR'S ID NUMBER: _____

DO YOU CURRENTLY HAVE AN EXEMPTION ON ANY OTHER PROPERTY? NO YES
(If YES, please list Parcel or Assessor ID numbers) _____

1. Pursuant to Nevada Revised Statutes, what type of Exemption is being applied for? Please check applicable Statute(s) listed below.

- Charter Schools NRS 361.065
- Water Users NRS 361.073
- Care of Orphans or Indigent NRS 361.083
- Housing for Elderly or Handicapped NRS 361.086
- Veteran's Organization NRS 361.095
- University Charitable Foundation NRS 361.098
- University Fraternity / Sorority NRS 361.100
- Non-Profit Private School NRS 361.105
- Certain Apprenticeship Programs NRS 361.106
- Specific Organization NRS 361.110
- Church, Chapel Property NRS 361.125
- Lodges / Charitable Organization NRS 361.135
- Religious, Educational, Charitable Corporations NRS 361.140
- Other (Please List NRS) _____

2. If your organization is a church or religious society, please answer the following:

Number of members? _____

How often does your church hold services? _____

Name of church Clergyman? _____

In what church has your Clergyman been ordained? _____

Name of seminary or theological school from which your Clergyman graduated? _____

Does your organization have functions in addition to those of a religious nature? YES NO

If yes, type of functions? _____

3. If your organization is not a church or a religious society, does it provide medical care to people who are not able to pay?
 YES NO

4. Is your organization a corporation or affiliated with a corporation?
 YES Please attach copy of **Corporate Articles, Bylaws, State Charter** and current **Annual Financial Statement**.
 NO Please furnish copy of current **Annual Financial Statement**.



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5. State the purpose of your organization. _____

6. Has your organization been granted a use permit at the property in accordance with the organization purposes and projects?
 YES **PLEASE ATTACH A COPY OF THE DOCUMENTATION**
 NO

7. What are the sources of income for your organization?
Government Grants Percentage of total income _____
Donation Percentage of total income _____
Sales of any kind Percentage of total income _____
Services Percentage of total income _____
Other Percentage of total income _____
(THIS AREA MUST CORRESPOND WITH YOUR FINANCIAL STATEMENT)

8. For what purpose is the income of the organization used? _____

9. Do people who perform the services or sales receive compensation for their work? YES NO

10. Are the people who perform the services or sales, members of the organization for which an exemption is requested?
 YES NO

11. Do you own or rent / lease your present location? Own Rent / Lease
IF YOU ARE RENTING / LEASING, PLEASE SUBMIT A COPY OF RENTAL OR LEASE AGREEMENT.

12. Who is the owner of record and / or legal owner of the **real property** on which an exemption is requested?

13. Are there any contracts currently that will affect the future ownership of the above real property?
 YES NO **IF YES, PLEASE ATTACH A COPY OF THE DOCUMENTATION.**

14. Is all or any part of the real or personal property leased, rented to or used by anyone other than your organization?
 YES NO **IF YES, PLEASE SUBMIT NAME, ADDRESS, TELEPHONE NUMBER AND A COPY OF LEASE OR RENTAL AGREEMENT.**

15. Please attach any other documents you rely upon in support of your claim for exemption and explain their significance.

ALL DOCUMENTS FURNISHED MUST BE COMPLETE WITH SIGNATURES, DATES AND ENDORSED BY THE APPROPRIATE AGENCY. I HEREBY ATTEST UNDER PENALTY OF PERJURY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____
TITLE: _____
DATE: _____