OFFICE OF BOARD OF ASSESSMENT APPEALS
CHESTER COUNTY, PENNSYLVANIA

APPLICATION FOR THE EXEMPTION OF REAL ESTATE

FILING WINDOW MAY 1 THRU AUGUST 1 Annually
Date:____________________

1. Parcel Number:__________________________________________________________

2. Property Location: (Municipality):__________________________________________

3. Owner’s Name:___________________________________________________________

4. Mailing Address:_________________________________________________________

5. The size of parcel for which exemption is claimed:______________________________

6. The legal basis for exemption is as follows:

( ) Actual place of regular stated religious worship.

( ) Non-profit burial places.

( ) Property actually and regularly used for public purposes.

( ) Property owned and occupied by a branch, post or camp of honorable discharge servicemen or servicewomen, actually and regularly used for benevolent charitable or patriotic purpose.

( ) Property actually and regularly used by an institution of purely public or private charity for the purpose of the institution.

(A) Hospital     (B) Benevolent Institution     (C) Charity     (D) Fire or Rescue Station

(E) University/College/Seminary/Academy/Association or Institution of learning.

(F) Public Library/Museum/Art Gallery/or Concert Music Hall provided and maintained by public or private charity.

7. STATE FULLY THE ACTUAL USES PRESENTLY BEING MADE OF THE PROPERTY: (If different uses are being made of different parts of the property, please indicate with either a percentage of area or acreage breakdown of present use.)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. IF APPLICABLE CHECK APPROPRIATE EXEMPT STATUS CATEGORY:

_____ Charitable Organization       _____ Religious Organization

_____ Volunteer Fire Company        _____ Non-Profit Educational Institution

(1) Full name of organization:________________________________________________
Address: ________________________________________________________________

(3A) Is organization incorporated?: __________________________________________

(3B) If so under what PA. law?: ______________________________________________

(3C) Date of incorporation: _______________________________________________

(4A) If not incorporated, what is form of organization?: _________________________

(4B) Under what law was your organization created?: (Section of Statute)_________

(4C) Date of formation: ___________________________________________________

9. IF APPLYING FOR A "RELIGIOUS ORGANIZATION" COMPLETE THE FOLLOWING:

A. Is your predominant purpose to hold and conduct religious activities or religious education in Pennsylvania?  
   YES ______   NO _______

B. Does your organization hold regular religious services?  
   YES ______   NO _______

C. If yes, how often?__________________________________________________________

D. With what synod, diocese, etc., is your organization affiliated?  ____________________________

E. How does the use of the property for which you are claiming exemption relate to worship and/or activities of the congregation? Explain: ________________________________________________________

10. Is your income derived exclusively from voluntary public or private contributions? If no, explain in detail where income is derived, and specify what percentage of such income is derived from voluntary contribution.  
    YES _______   NO _______

11. PLEASE FURNISH TO THE BOARD: If applying for charitable or non-profit educational exemption, the following:
   (A) A copy of your "Articles of Incorporation.", "Articles of Association", "Declaration of Trusts" or other document whereby the entity was created setting forth the aims and purposes, and all amendments thereto, and any changes presently proposed.
   (B) A copy of the organization's latest financial report and/or proposed budget.
   (C) A statement which describes the purposes, other than in payment for services rendered, for which your funds are expended or will be expended. INCLUDE SALARIES, IF ANY, AMOUNT AND TO WHOM PAID.

12. IF APPLYING FOR A "NON-PROFIT EDUCATIONAL INSTITUTION", complete the following:

   (A) Is your organization licensed by the PA. Dept. of Education?  YES _______   NO _______
   (B) Is your organization operated by a bona fide religious organization as a non-profit educational institution? If yes, explain: _______________________________________________________

13. If you are claiming exemption as a non-profit educational institution please indicate:
   (A) What presently is your scholarship plan? ________________________________
(B) What is your projected scholarship plan for the next two years? ____________________________

(C) What percentage of tuition payments are presently allocated to scholarship funds? ______________

14. If you have other sources of revenue such as Foundation Funding, please indicate the source, amount and any and all requirements of you associated with the allocation and/or use of such funds: ____________________________

15. Does your organization offer any specialized educational benefits and/or facilities to the physically handicapped? If so, please list in detail. ____________________________

16. IF APPLYING FOR A “VOLUNTEER FIRE COMPANY”, complete the following:

(A) Does your organization operate a special club for its membership and/or public?
   YES _______  NO _______

(B) If yes, is it a separate entity from that of your organization?
   YES _______  NO _______

(C) If yes, is the social club registered with the Bureau for Collection and remission of sales tax?
   YES _______  NO _______

(D) Has your organization been created solely for the purpose of fighting fires?
   YES _______  NO _______

17. Attach any relevant documents which may support your claim for exemption.

18. If any part of the property is leased, please attach the name and address of tenant, square feet of leasable area, and the annual income.

Mail To: Board of Assessment Appeals, 313 W. Market St., Suite 4202, P.O. Box 2748, West Chester, PA 19380-0991
Phone: (610) 344-6105

The Board of Assessment Appeals requests that you bring photographs (front and rear) of your dwelling, commercial property, etc., to your assessment appeal hearing on the date that it is scheduled. The photographs should be recent within the last 6 months and are to include any recent physical changes to the exterior of the property. Failure to bring these pictures on your appeal date may result in an unnecessary delay in processing your appeal result. The photographs will be retained by the Assessment Office as part of the appeal file. Your assistance is anticipated and appreciated.

* To avoid any unnecessary postponement of the appeal, please indicate on the appeal form any dates that you will be unavailable for the appeal hearing.

A $50 processing fee is required for an exemption appeal. A Check or Money Order is to be made payable to “Chester County Treasurer”. The fee will not be refunded for “failure to appear” or “appeal withdrawn”.

Board of Assessment Appeals

______________________________
SIGNATURE

______________________________
SIGNATURE (All Co-owners must sign)

______________________________
PHONE NUMBER

______________________________
DATE