INSTRUCTIONS

1. All institutions and/or entities requesting exemption from real estate taxation must file an application with the Lycoming County Assessment Office between July 1 and September 1. Only federally owned property, cemeteries, and properties owned by an authority are automatically exempted.

2. The application must be filled out in its entirety. Do not leave any blanks. If you do not know the answer to a question, contact the Assessment Office for assistance.

3. The name on the application must be the same as the Assessment Office records.

4. The property for which exemption is sought must be used exclusively for the purpose that is stated on the application. For example, if a church is requesting exemption, the property must be used for religious purposes. An exemption would not be granted for a piece of land that is intended to have a church built on it at a later date.

5. The property must meet ALL of the following criteria:
   a. It advances a charitable purpose.
   b. It donates or renders gratuitously a substantial portion of its services.
   c. It benefits a substantial and indefinite class of persons who are legitimate subjects of charity.
   d. It relieves the government of some of its burden AND
   e. It operates entirely free from private profit motive.

6. Upon receipt of the application the Assessment Office will verify that the property meets all of the criteria listed above.

7. The application must be approved at a scheduled public hearing by the Board of Assessment.

8. Upon approval the Assessment Office will notify the applicant, the municipality, and the school district. The exemption will be effective for the next tax year. Any current year taxes issued will be due and payable.

9. If an application is denied, you may request a hearing before the Board of Assessment to show why the property should be exempt from real estate taxes. This request must be in writing and received within ten (10) days of the date of the denial letter.

10. Charitable or non-profit organizations must also furnish the following documentation:
    a. A copy of the “Articles of Incorporation”, “Constitution”, “Articles of Association”, “Declaration of Trust” or other such documents showing the organization’s aims, objectives or purpose, and all amendments thereto.
    b. A copy of the latest financial report.
    c. A statement which describes the purpose, other then payments of services rendered, for which the funds are expended or will be expended including the names and salaries of all principals paid by the funds.
    d. A list of the most recent Board of Directors or other governing body, together with a verified statement that none of the income of the non-profit entity is used to the benefit of an individual shareholder, incorporated, member of the Board of Directors or other governing body (other than salaried employees).
<table>
<thead>
<tr>
<th><strong>APPLICATION FOR</strong></th>
<th><strong>EXEMPTION FROM REAL ESTATE TAXES</strong></th>
</tr>
</thead>
</table>

Only federally owned property, cemeteries, and properties of an authority are automatically exempted. All other entities must file an application. 72 PS 5453.202

<table>
<thead>
<tr>
<th>ALL QUESTIONS MUST BE ANSWERED</th>
<th>PLEASE TYPE OR PRINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARCEL NUMBER ___________________</td>
<td>MUNICIPALITY __________</td>
</tr>
<tr>
<td>PROPERTY LOCATION________________</td>
<td>______________________</td>
</tr>
<tr>
<td>OWNER OF RECORD_________________</td>
<td>______________________</td>
</tr>
<tr>
<td>MAILING ADDRESS_________________</td>
<td>______________________</td>
</tr>
<tr>
<td>CONTACT PERSON ___________________</td>
<td>PHONE NUMBER __________</td>
</tr>
</tbody>
</table>

ARE THERE IMPROVEMENTS ON THE PROPERTY? ___________ IF YES, PLEASE LIST SIZES AND USE OF EACH BUILDING

DOES ANY PORTION OF THE PROPERTY RECEIVE AN INCOME FROM A LEASE OR RENTAL AGREEMENT? ___
IF YES, PLEASE LIST AMOUNT AND SOURCE

PROPERTY TO BE USED EXCLUSIVELY FOR

WHAT IS THE NATURE OF THE EXEMPTION:

_____CHURCH  _____FIRE COMPANY  _____HOSPITAL  _____NON-PROFIT AGENCY  _____MUNICIPAL
_____OTHER (PLEASE EXPLAIN)

IF INCORPORATED, PLEASE GIVE THE NAME OF CORPORATION AND DATE OF INCORPORATION

IS THE ORGANIZATION OPEN TO THE PUBLIC AT ALL TIMES? _______ PLEASE EXPLAIN

DO YOU HAVE PROOF OF NON-PROFIT STATUS GRANTED BY THE COMMONWEALTH OF PA? ____________

ARE YOU EXEMPT AS A 501C3 UNDER THE FEDERAL INCOME TAX LAW? __________________________
ALL NOTICES AND FINDINGS WILL BE MAILED TO THE OWNER OF RECORD AND SUCH OTHER AS IDENTIFIED BELOW:

NAME _________________________________________________________________________________________________

ADDRESS _________________________________________________________________________________________________

__________________________________________________________________________________________

I hereby certify that the above information is true and correct to the best of my knowledge. I further certify that I have the authority to sign this application under the by-laws of the organization, and that I act with their full knowledge and consent. I understand that false statements herein are made subject to the penalties of 18 PA C.S. section 4904, relating to unsworn falsification to authorities.

___________________________________________________ ______________________________________
SIGNATURE       DATE

___________________________________________________ ______________________________________
PRINTED NAME      TITLE

ACKNOWLEDGEMENT

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF LYCOMING : SS.

On this, the __________ day of ________________________________, 20______, before me, a Notary Public, the herein signed, did personally appear ________________________________

Known to me (or satisfactorily proven) to be the person whose name is subscribed and executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.

Notary Public: _____________________________

My commission expires: __________________
(SEAL)