

**BOARD OF ASSESSMENT AND REVISION OF TAXES**  
**P O BOX 1208 BUTLER PA 16003-1208**  
**APPLICATION FOR EXEMPTION FROM REAL ESTATE TAXATION**

**\*Application must be filed with the Assessment Office on or before August 1.** If granted, the exemption will effect the next calendar year. All taxes for current and previous years must be paid. Date: \_\_\_\_\_

1. (I) (WE) hereby request exemption from real estate taxation for the following property(ies):

Street Address:

Township	Borough	City Ward
Map & Parcel #		Current Assessed Value

2. How is title to property recorded:

3. Date deed was recorded: Instrument # or Volume # Page #

4. Name of previous owner:

5. Reason for which exemption is requested, e.g. church property, charitable organization, etc,

6. What is property (land and building) currently used for:

7. Are there structures (homes, commercial buildings, garages, storage units, sheds, trailers, barns, etc)

Yes ( ) No ( )

If so, please identify each structure located on the property.

8. Are any of the structures rented, leased or otherwise occupied by persons/entities who are not the applicant herein?

Yes ( ) No ( )

9. Does anyone or any entity pay any rental, usage fee or other payment in regard to use of the property or the premises?

Yes ( ) No ( )

10. Are all taxes (county-municipal-school) paid for the current and previous year?

Yes ( ) No ( )

11. In order to qualify for the above stated exemption, you **MUST** answer and complete all information on the next five (5) questions to be considered for the exemption.

a. Do you advance a charitable purpose?..... Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

b. Do you donate or render gratuitously a substantial portion of your services?..... Yes ( ) No ( )

c. Do you benefit a substantial and indefinite class of persons who are legitimate subjects or charity?..... Yes ( ) No ( )

d. Do you relieve the government of some of its burden?..... Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

e. Do you operate entirely free from private profit motive?..... Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

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Phone Number

Authorized Representative Signature

Please Print Name

**DO NOT WRITE BELOW THIS LINE – FOR ASSESSMENT OFFICE USE ONLY**

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Application reviewed/inspected by \_\_\_\_\_ Application Approved –Yes ( ) No ( )

Reason for disapproval \_\_\_\_\_

Effective Tax Year \_\_\_\_\_

Authorized Official

Date

Notice Mailed \_\_\_\_\_

County Solicitor

Date