

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: _____

Phone Number _____

Authorized Representative Signature _____

Please Print Name _____

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

Application reviewed/inspected by _____ Application Approved –Yes () No ()

Reason for disapproval _____

Effective Tax Year _____

Authorized Official _____

Date _____

Notice Mailed _____

County Solicitor _____

Date _____