

**OTC  
988**

Revised 7-2016

**State of Oklahoma**  
**APPLICATION FOR AD VALOREM TAX EXEMPTION**  
**FOR CHARITABLE AND NON PROFIT ENTITIES**  
\_\_\_\_\_ County

**Tax Year**  
**2017**

PLEASE PRINT OR TYPE

**EXEMPTION:** All property of any charitable institution organized or chartered under the laws of this state as a nonprofit or charitable institution, provided the net income from such property is used exclusively within this state for charitable purposes and no part of such income inures to the benefit of any private stockholder, including property which is not leased or rented to any other than a governmental body, a charitable institution or a member of the general public who is authorized to be a tenant in property owned by a charitable institution under Section 501 (c) (3) of the Internal Revenue Code, or property used exclusively and directly for charitable purposes. Complete text, Ref. Title 68 O.S. 2887(8)(9).

**NAME OF CHARITABLE ORGANIZATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Person  
Preparing Application: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**IDENTIFICATION OF REAL AND PERSONAL PROPERTY:**

Owner of Record: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_

Record of Deed: Date \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

Does the Internal Revenue Service recognize this organization as a tax-exempt? .....  Yes  No  
If **yes**, attach a copy of letter from the Internal Revenue Service.

Is the organization chartered under the laws of the State of Oklahoma as a nonprofit organization? .  Yes  No  
If **yes**, attach a copy of the articles of incorporation and bylaws.

Does the organization register annually with the Oklahoma Secretary of State's Office?.....  Yes  No  
If **yes**, attach a copy of registration.

Property used exclusively as?.....  Charitable  Nonprofit

Does the Charitable Organization have personal property? .....  Yes  No  
If **yes**, attach a list of personal property being claimed for exemption.

Is all personal property on the attached list owned by the organization .....  Yes  No  
If **no**, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

What provisions, if any, have been made to dispose of surplus assets of your organization?  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY USAGE:** You must provide a written explanation as a response to each question asked.

1. Explain exact usage of the real and or personal property being claimed exempt:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Explain exact usage of all income from the real and personal property being claimed exempt:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Does the facility applying for the exemption operate without profit or private advantage to its owners and the officials in charge?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Do the patrons of the facility applying for the exemption receive the same services and treatment irrespective of their ability to pay?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are the same charges made to all patrons regardless of ability to pay?  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ATTACH A COPY OF ALL DOCUMENTS WHICH SUPPORT THIS APPLICATION FOR EXEMPTION.** (Example: articles of incorporation, bylaws, resolutions, income-expense statements, rent rolls, deeds, contracts, leases, etc.)

**Must provide a copy of IRS Section 501(c)(3) and your filing with Oklahoma Secretary of State.**

Please provide the name of person who may be contacted if additional information is needed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**AFFIDAVIT**

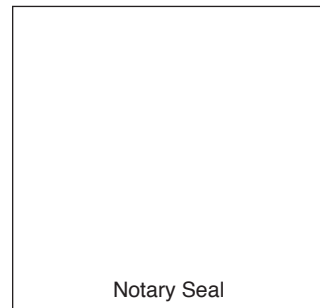
I, \_\_\_\_\_ being duly sworn, upon oath, under penalty of perjury do hereby depose and say that I am (Title) \_\_\_\_\_, of \_\_\_\_\_ organization; that as such I am acquainted with the books, accounts, and affairs of said organization and know the foregoing statements to be true, correct and complete, and that all information requested herein has been fully and correctly given (68 O.S. § 2945 provides penalties for false oaths).

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, Notary Public



**ASSESSOR USE ONLY** Application for Exemption:  Approved  Disapproved

School District

Assessor/ Deputy: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_