

**OTC  
988**

Revised 8-2017



**APPLICATION FOR AD VALOREM TAX EXEMPTION  
FOR CHARITABLE AND NON PROFIT ENTITIES**

**John A. Wright, Tulsa County Assessor**

ATTN: Taxpayer Services

500 S. Denver Ave., Suite 215 • Tulsa, OK 74103

918.596.5105 • www.assessor.tulsacounty.org

**Tax Year  
2018**

**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).

**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.**

**REAL PROPERTY OWNERSHIP:** PLEASE PRINT OR TYPE

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

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

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

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Record of Deed: Date: \_\_\_\_\_ Document Number: \_\_\_\_\_ (or) Book/Page: \_\_\_\_\_

Charitable Use: \_\_\_\_\_

Is this application for a partial exemption? .....  Yes  No

If **yes**, estimate the following: Exemption Sq. Ft. \_\_\_\_\_ Percent of Total Sq. Ft. \_\_\_\_\_

**NAME OF CHARITABLE ORGANIZATION:**

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

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

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Is all property on the attached list owned by the organization?.....  Yes  No  
(If **No**, explain: \_\_\_\_\_)

**REAL PROPERTY USAGE: (Answered by Real Property Owner)**

1. Describe the exact usage of the real property being claimed exempt:  
\_\_\_\_\_

2. Explain exact usage of all income from the real property being claimed exempt:  
\_\_\_\_\_

3. Does the entity applying for the exemption operate without profit or private advantage to its owners and the officials in charge?  
\_\_\_\_\_

**REAL PROPERTY OWNER AFFIDAVIT:**

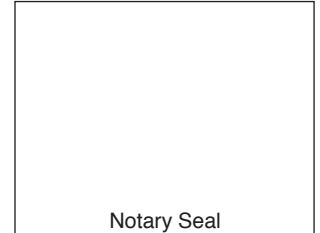
I, \_\_\_\_\_ being duly sworn, upon oath, under penalty of perjury do hereby depose and say that I am (Title) \_\_\_\_\_, of \_\_\_\_\_ organization; that as such I am acquainted with the books, accounts, and affairs of said organization and know the foregoing statements to be true, correct and complete, 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



Notary Seal

**PERSONAL PROPERTY USAGE: (Answered by Charitable Organization)**

1. 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.
2. 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.
3. Does organization register annually with the Oklahoma Secretary of State's Office? .....  Yes  No  
If **Yes**, attach a copy of registration.
4. Does the entity applying for the exemption operate without profit or private advantage to its owners and the officials in charge? .....  Yes  No
5. Do the patrons of the facility applying for the exemption receive the same services and treatment irrespective of their ability to pay? .....  Yes  No
6. Are the same charges made to all patrons regardless of ability to pay? .....  Yes  No
7. Property used exclusively as? .....  Charitable  Nonprofit
8. What provisions, if any, have been made to dispose of surplus assets of the organization?  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the exact usage of the personal property being claimed exempt:  
\_\_\_\_\_  
\_\_\_\_\_
10. Explain exact usage of all income from the personal property being claimed exempt:  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL PROPERTY OWNER AFFIDAVIT:**

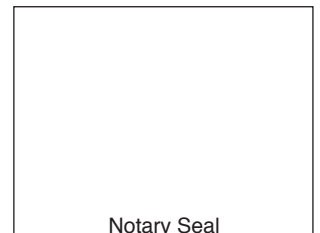
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My commission expires: \_\_\_\_\_, \_\_\_\_\_.

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



Notary Seal

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

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

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

School District