

**OTC
987**

Revised 7-2016



**APPLICATION FOR AD VALOREM TAX EXEMPTION
FOR RELIGIOUS ENTITIES**
Ken Yazel, Tulsa County Assessor
ATTN: Taxpayer Services
500 S. Denver Ave., Suite 215 • Tulsa, OK 74103
918.596.5105 • www.assessor.tulsacounty.org

**Tax Year
2017**

PLEASE PRINT OR TYPE

EXEMPTION: All property used exclusively and directly for fraternal or religious purposes within this state. Ref. Title 68, O.S. 2887(7)

NAME OF RELIGIOUS ORGANIZATION:

Name: _____ Phone Number: (_____) _____

Mailing Address: _____

Email Address: _____

Name of Person
Preparing Application: _____ Title: _____

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

IDENTIFICATION OF REAL AND PERSONAL PROPERTY:

Owner of Record: _____

Physical Address: _____

Legal Description: _____

Record of Deed: Date _____ Book _____ Page _____

Property used as? _____

Does this Religious 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: _____

Continue application on back

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?

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.)

May 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

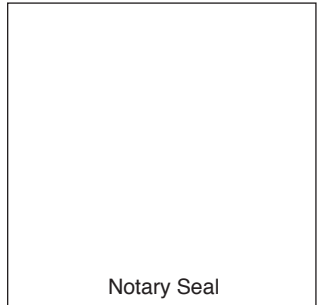
say that I am (Title) _____, of _____ organization; that as such I am acquainted with the books, accounts, and affairs of said organization and know the foregoing statements to be true, correct and complete, and that all information requested herein has been fully and correctly given (68 O.S. § 2945 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: _____