



**FREDERICK COUNTY, VIRGINIA**  
 Commissioner of the Revenue  
 P.O. Box 552, Winchester VA 22604-0552  
 Phone: 540-665-5680 Fax: 540-667-6487  
[www.fcva.us/cor](http://www.fcva.us/cor) • [www.fcva.us/re](http://www.fcva.us/re)

<b>DATE:</b> _____
<b>CHECK ONE:</b> <input type="checkbox"/> <b>INITIAL APPLICATION</b> <input type="checkbox"/> <b>TRIENNIAL RE-APPLICATION</b>

## APPLICATION FOR REAL PROPERTY TAX EXEMPTION

This Application must be completed by Applicants seeking to maintain their existing exemption and new Applicants seeking exemption.

Frederick County Code Section 155-153(B):  
*Each organization which owns real property exempt from taxation pursuant to designation of the Board of Supervisors or pursuant to designation of the General Assembly shall file triennially, commencing on November 15, 2014, an application with the Commissioner of the Revenue as a requirement for retention of the exempt status of the property. The Commissioner of the Revenue shall send notice of this requirement to each such organization by not later than September 15 preceding the November 15 on which such application is due. Such application shall show the ownership and usage of such property, and such other information as the entity deems desirable, for the property for which retention of such exemption is sought.*

**\*\*\* COMPLETE AS LEGALLY APPROPRIATE PER THE DATE OF THIS APPLICATION. \*\*\***

<b>Organization's Name:</b>			
<b>Organization's Federal Employer Identification No. (EIN):</b>			
<b>Contact Name:</b>		<b>Phone Number:</b>	
<b>Contact Title:</b>		<b>Email:</b>	
<b>Mailing Address:</b>			
<b>Frederick County Location Address:</b>			
<b>Date Organization Began or Will Begin Operating in Frederick County:</b>			

**1. What is the organization's purpose?**

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**2. What is the organization's federal tax designation (select one):**

501(c)(3)     501(c)(4)     501(c)(6)     501(c)(7)     Other [specify]:

**3. How is the organization funded?**

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**4. What activities or services does the organization provide that enhances Frederick County and its citizens?**

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**5. Provide a detailed list of all real property owned by the organization for which it is seeking a Frederick County tax exemption (attach additional sheet, if necessary):**

MAP NO.	PROPERTY ADDRESS	DATE ACQUIRED	USE OF PROPERTY

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6. Select the category of exemption under which your organization qualifies:

- Church or Religious Body or Religious Organization *[provide supporting documentation]*
- Non-Profit Cemetery
- Library or Non-Profit Institution of Learning
- Museum
- Historic Preservation
- Park
- Playground
- Club, Scouts, or nationally-known helpful organization *[specify]:* \_\_\_\_\_
- College Foundation or Alumni Association
- Recognized Farming Association *[specify]:* \_\_\_\_\_
- Veterans Association or Auxiliary of same *[specify]:* \_\_\_\_\_

**NOTE:** A copy of your most recent exempt IRS tax return and/or your latest detailed financial statements may be requested.

7. List the following information for all officers who have the legal authority to represent the organization:

NAME	TITLE	MAILING ADDRESS	TELEPHONE NO.	EMAIL ADDRESS

### DECLARATION AND SIGNATURE

If the real estate owner is a business entity such as a trust, partnership, limited liability company, or corporation, this Application must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign. *It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter.* (Code Va. Sec. 58.1-11)

**DECLARATION:** *I do swear or affirm under penalty of perjury (1) that the information herein and in any attachment(s) hereto are true, complete, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign this Application and represent the organization during the tax exemption application process.*

Owner OR

If Business, Title: \_\_\_\_\_ Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

(e.g., President, VP etc.)

#### \*\*\* FOR OFFICE USE ONLY \*\*\*

Date Received: _____	<input type="checkbox"/> Copy sent to Rod Williams on _____	Initials: _____	Disposition: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
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