

# BRIANA JOHNSON

## Clark County Assessor

500 S. GRAND CENTRAL PKWY. PO BOX 551401  
LAS VEGAS, NV 89155-1401

### APPLICATION & QUESTIONNAIRE FOR PROPERTY TAX EXEMPTION COVERSHEET

Please complete and return the application with all supporting documentation. Once we receive this information, we will proceed with the review process to determine if your organization may qualify for tax-exempt status.

Nevada Revised Statutes provides for a property tax exemption on property owned and used solely for the organization's purpose. Not all non-profit organizations qualify for property tax exempt status as statutory requirements vary according to the type of exemption being applied for.

**Please note:** The application cannot be processed until a completed and signed application is received along with all necessary documentation. After 5 days, incomplete applications will be closed and will need to be re-submitted with all required documentation for review.

The deadline to file a property tax exemption for real property is **June 15<sup>th</sup>**, for the upcoming fiscal year beginning **July 1<sup>st</sup>**. If you are applying after June 15<sup>th</sup>, your exemption will only be reviewed for the upcoming fiscal year unless you specifically request a review for the current fiscal year.

If you have any questions, please contact a special project representative at (702) 455-3882.

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### APPLICATION & QUESTIONNAIRE FOR PROPERTY TAX EXEMPTION

APPLICATION FOR FISCAL YEAR: \_\_\_\_\_

**(Deadline to file is June 15<sup>th</sup> prior to the start of the fiscal year per NRS 361.155)**

NAME OF ORGANIZATION: \_\_\_\_\_

(Please Print)

CONTACT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE

ZIP

LOCATION ADDRESS: \_\_\_\_\_

(IF THERE ARE MULTIPLE LOCATION ADDRESSES, PLEASE ATTACH AN ADDITIONAL SHEET)

CITY/STATE

ZIP

ARE YOU CLAIMING EXEMPTION FOR: (CHECK ALL THAT APPLY)

REAL PROPERTY ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

PERSONAL PROPERTY ASSESSOR'S ID NUMBER: \_\_\_\_\_

DO YOU CURRENTLY HAVE AN EXEMPTION ON ANY OTHER PROPERTY?  NO  YES

(If YES, please list Parcel or Assessor ID numbers) \_\_\_\_\_

1. Pursuant to Nevada Revised Statutes, what type of Exemption is being applied for? Please check applicable Statute(s) listed below.

- |   |             |
|---|-------------|
| <input type="checkbox"/> Charter Schools                                | NRS 361.065 |
| <input type="checkbox"/> Water Users                                    | NRS 361.073 |
| <input type="checkbox"/> Care of Orphans or Indigent                    | NRS 361.083 |
| <input type="checkbox"/> Housing for Elderly or Handicapped             | NRS 361.086 |
| <input type="checkbox"/> Veteran's Organization                         | NRS 361.095 |
| <input type="checkbox"/> Leasing to a Charter School                    | NRS 361.096 |
| <input type="checkbox"/> University Charitable Foundation               | NRS 361.098 |
| <input type="checkbox"/> University Fraternity / Sorority               | NRS 361.100 |
| <input type="checkbox"/> Non-Profit Private School                      | NRS 361.105 |
| <input type="checkbox"/> Certain Apprenticeship Programs                | NRS 361.106 |
| <input type="checkbox"/> Specific Organization                          | NRS 361.110 |
| <input type="checkbox"/> Church, Chapel Property                        | NRS 361.125 |
| <input type="checkbox"/> Lodges / Charitable Organization               | NRS 361.135 |
| <input type="checkbox"/> Religious, Educational, Charitable Corporation | NRS 361.140 |
| <input type="checkbox"/> Other (Please List NRS) _____                  |             |

2. If your organization is applying for an exemption pursuant to NRS 361.065 or 361.096, please include a copy of the Charter School Agreement and a complete copy of any Lease Agreement.

3. If your organization is a church or religious society, please answer the following:

Number of members? \_\_\_\_\_ How often does your church hold services? \_\_\_\_\_

Name of church Clergyman? \_\_\_\_\_

In what church has your Clergyman been ordained? \_\_\_\_\_

Does your organization have functions in addition to those of a religious nature:  YES  NO

If yes, type of functions? \_\_\_\_\_

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4. If your organization is not a church or a religious society, does it provide medical care to people who are not able to pay?

YES  NO

5. Is your organization a corporation or affiliated with a corporation?

YES Please attach copy of **Corporate Articles, Bylaws, State Charter** and current **Annual Financial Statement**.

NO Please furnish copy of current **Annual Financial Statement**.

**ALL DOCUMENT FURNISHED MUST BE COMPLETE WITH SIGNATURES, DATES AND ENDORSED BY THE APPROPRIATE AGENCY.**

6. State the purpose of your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What are the sources of income for your organization?

Government Grants Percentage of total income \_\_\_\_\_

Donation Percentage of total income \_\_\_\_\_

Sales of any kind Percentage of total income \_\_\_\_\_

Services Percentage of total income \_\_\_\_\_

Other Percentage of total income \_\_\_\_\_

**(THIS AREA MUST CORRESPOND WITH YOUR FINANCIAL STATEMENT)**

8. For what purpose is the income of the organization used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you own or rent / lease your present location?  Own  Rent / Lease

**IF YOU ARE RENTING / LEASING, PLEASE SUBMIT A COPY OF RENTAL OR LEASE AGREEMENT.**

10. Who is the owner of record and / or legal owner of the **real property** on which an exemption is requested?  
\_\_\_\_\_

11. Are there any contracts that will affect the future ownership of the above real property?  YES  NO

**IF YES, PLEASE ATTACH A COPY OF THE DOCUMENTATION**

12. Is all or any part of the real property or personal property leased, rented or used by anyone other than your organization:

YES  NO **IF YES, PLEASE SUBMIT NAME, ADDRESS, TELEPHONE NUMBER AND A COPY OF THE LEASE OR RENTAL AGREEMENT.**

13. Please attach any other documents you rely upon in support of your claim for exemption and explain their significance. \_\_\_\_\_

**I HEREBY ATTEST UNDER PENALTY OF PERJURY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**ASSESSOR'S USE ONLY:**

Date Issued: \_\_\_\_\_

Date Received: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_