



# Application for Miscellaneous Property Tax Exemptions

Property Tax  
**Form 50-128**

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

**GENERAL INSTRUCTIONS:** This application is for use in claiming property tax exemptions pursuant to Tax Code §11.23. This application covers property you owned on Jan.1 of this year or acquired during this year. You must furnish all information and documentation required by the application.

**APPLICATION DEADLINES:** You must file the completed application with all required documentation between Jan. 1 and no later than April 30 of the year for which you are requesting an exemption. If you acquired the property after Jan. 1 of this year and wish to qualify for the exemption this year, you must apply before the first anniversary of the date you acquired the property, or before the first anniversary of the date any property was acquired after Jan. 1.

**ANNUAL APPLICATION REQUIRED:** You must apply for this exemption each year you claim entitlement to the exemption, except for exemption as a veteran's organization, medical center development, county fair association or National Hispanic Institute.

For exemption as a veteran's organization, medical center development, a county fair association or a National Hispanic Institute, you do not need to reapply annually, but you must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to property not listed in this application. You must notify the chief appraiser in writing by May 1 if and when your right to this exemption ends. Return the completed form to the address above.

## OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

### State the year for which you are applying for an exemption

Tax Year

### STEP 1: Property Owner/Applicant

The applicant is the following type of property owner:

Individual  Partnership  Corporation  Other (specify): \_\_\_\_\_

Name of Property Owner

Driver's License, Personal ID Certificate,  
Social Security Number,\*\* Federal Tax ID Number

Physical Address

City

County

State

ZIP Code

Primary Phone Number (area code and number)

Email Address\*\*\*

% Ownership Interest

Applicant's mailing address (if different from the physical address provided above):

Address

City

County

State

ZIP Code

Place an "X" or check mark in the box if the ownership interest identified above is less than 100 percent (100%) in the property for which you are claiming the exemption. Provide on a separate sheet the following information for each additional individual or entity who has an ownership interest in the property: property owner's name; driver's license, personal ID certificate, social security number, or federal tax ID number; primary phone number; mailing address; and percentage (%) of ownership interest in the property. Under Tax Code Section 11.41(a), if the applicant is not the sole owner of the property to which the exemption applies, the exemption shall be multiplied by a fraction, the numerator of which is the value of the property interest the applicant owns and the denominator of which is the value of the property.

If you are an Individual property owner filing this application on your own behalf, skip Step 2 and go to Step 3; all other applicants are required to complete Step 2.

## STEP 2: Authorized Representative

Provide the following information for the individual with the legal authority to act for the property owner in this matter:

Name of Authorized Representative	Driver's License, Personal ID Certificate, Social Security Number**			
Title of Authorized Representative	Primary Phone Number <i>(area code and number)</i>	Email Address***		
Mailing Address	City	County	State	ZIP Code

\*\* Disclosure of your social security number (SSN) may be required and is authorized by law for the purpose of tax administration and identification of any individual affected by applicable law. Authority: 42 U.S.C. § 405(c)(2)(C)(i); Tax Code § 11.43(f). Except as authorized by Tax Code Section 11.48(b), a driver's license number, personal identification certificate number, or social security number provided in this application for an exemption filed with your county appraisal district is confidential and not open to public inspection under Tax Code Section 11.48(a).

\*\*\* An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.

## STEP 3: Check type of exemption requested

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Federation of Women's Clubs                  | <input type="checkbox"/> Medical Center Development       | <input type="checkbox"/> County Fair Association                         |
| <input type="checkbox"/> Nature Conservancy of Texas                  | <input type="checkbox"/> Community Service Club           | <input type="checkbox"/> Medical Center Development in Populous Counties |
| <input type="checkbox"/> Congress of Parents and Teachers             | <input type="checkbox"/> Scientific Research Organization | <input type="checkbox"/> National Hispanic Institute                     |
| <input type="checkbox"/> Private Enterprise Demonstration Association | <input type="checkbox"/> Veterans' Organization           |  |

## STEP 4: Answer these questions about the organization. All applicants answer these questions.

What is the organization's purpose?

Describe the organization's activities. *(Attach additional sheets if necessary.)*

Explain how the organization's activities relieve a burden or duty of the state or community. *(Attach additional sheets if necessary.)*

Is the organization affiliated with a state or national organization? .....  Yes  No

Is membership in the organization open to anyone, regardless of race, religion or national origin? .....  Yes  No

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Explain how the organization's activities promote the physical, mental and spiritual development of young people, development of patriotism and love of country and interest in community affairs. *(Attach additional sheets if necessary.)*

Attach a copy of the charter, bylaws or other documents adopted by the organization which govern its affairs, and answer the following questions.

- Is your organization chartered by the United States Congress? .....  Yes  No
- Do these documents pledge the organization's assets for use in performing the organization's charitable functions? .....  Yes  No  
 If "Yes" give the page and paragraph numbers ..... Page \_\_\_\_\_ Paragraph \_\_\_\_\_
- Do these documents require the organization to operate in a nonprofit manner? .....  Yes  No  
 If "Yes" give the page and paragraph numbers ..... Page \_\_\_\_\_ Paragraph \_\_\_\_\_
- Does the organization operate in such a manner that does not result in the accrual of distributable profits, the distribution of profits or the realization of any other form of private gain? .....  Yes  No

### STEP 5: Complete if County Fair Association

1. Does the association hold a license (issued after Jan. 1, 2001) under the Texas Racing Act (Article 179e, Vernon's Texas Civil Statutes) to conduct a horse race meeting or a greyhound race meeting with pari-mutuel wagering? .....  Yes  No
2. Does the association use the land or a building to conduct a race meeting or greyhound race meeting with pari-mutuel wagering under a license issued after Jan. 1, 2001? .....  Yes  No
3. Is the association a nonprofit corporation as defined by the Texas Non-Profit Corporation Act (Article 1396-1.01, et seq., Vernon's Texas Civil Statutes)? .....  Yes  No
4. Is the association exempt from federal income taxes as an organization under Section 501(c)(3), (4), or (5), Internal Revenue Code of 1986, as amended? .....  Yes  No
5. Is the association qualified for an exemption from the franchise tax under Section 171.060, Texas Tax Code? .....  Yes  No

### STEP 6: Complete if National Hispanic Institute

Is the association exempt from federal income taxes as an organization under Section 501(a), Internal Revenue of 1986 as an organization described by Section 501(c)(3) of that code? .....  Yes  No

### STEP 7: Describe the property for which you are seeking an exemption

PROPERTY TO BE EXEMPT:

- Attach one Schedule **A** (REAL PROPERTY) form for **EACH** parcel of real property to be exempt.
- Attach one Schedule **B** (PERSONAL PROPERTY) form listing **ALL** personal property to be exempt.
- List only property owned by the organization.

### STEP 8: Certification and Signature

**NOTICE REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**

"I, \_\_\_\_\_, swear or affirm the following:  
Printed Name of Property Owner or Authorized Representative

(1) that each fact contained in this application is true and correct; (2) that the property described in this application meets the qualifications under Texas law for the exemption claimed; (3) and that I have read and understand the *Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.*"

**sign here**

\_\_\_\_\_  
Signature of Property Owner or Authorized Representative

\_\_\_\_\_  
Date

### Schedule A: Description of Real Property

- Complete one Schedule **A** form for **EACH** parcel qualified for exemption.
- Attach all completed schedules to your application for exemption.

Name of Property Owner \_\_\_\_\_

Appraisal District Account Number (if known) \_\_\_\_\_

Legal description of property:

Describe the primary use of this property:

1. Is this property used exclusively for charitable purposes? .....  Yes  No
2. Is this property held for gain, rented or used with a view to profit? .....  Yes  No
3. Is this property the organization's state headquarters? .....  Yes  No
4. Is this property reasonably necessary for operation of the association/organization? .....  Yes  No
5. Is this property located in a medical center area where the organization has donated land to the state for hospital or medical school? .....  Yes  No  
 If "YES," is the medical center development complete? .....  Yes  No
6. Is the property currently under active construction or physical preparation? .....  Yes  No
  - A. If under construction, when will construction be completed? (date) \_\_\_\_\_
  - B. If under physical preparation, check which activity the organization has done. (Check all that apply.)
 

<input type="checkbox"/> Architectural work	<input type="checkbox"/> Soil testing	<input type="checkbox"/> Site improvement work
<input type="checkbox"/> Engineering work	<input type="checkbox"/> Land clearing activities	<input type="checkbox"/> Environmental or land use study
7. Is the incomplete improvement designed and intended to be used by a qualified person for a purpose described by Section 11.23 (a)-(e), (g), or (i)-(k)? .....  Yes  No
8. Is the land on which the incomplete improvement is located necessary for the use of the improvement for a purpose named in Question 7 above? .....  Yes  No

List all other individuals and organizations that used this property in the past year, and give the requested information for each.

Name	Date Used	Activity	Rent Paid, If Any

Continue on additional sheets as needed.

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### Schedule B: Description of Personal Property

- List all tangible property to be exempt on this schedule.
- Attach all completed schedules to your application for exemption.

Name of Property Owner \_\_\_\_\_

Is this property reasonably necessary for operation of the association/organization? . . . . .  Yes  No

Is this property held for gain? . . . . .  Yes  No

Is this property used exclusively for charitable purposes? . . . . .  Yes  No

Is this property located in a medical center area where the organization has donated land for a state medical, dental or nursing school? . . . . .  Yes  No

If "YES," is the medical center development complete? . . . . .  Yes  No

Item	Location

Continue on additional sheets as needed.