



Eddie Cook
Maricopa County Assessor

301 West Jefferson Street
Phoenix, Arizona 85003
Phone: (602) 506-3406
<http://mcaassessor.maricopa.gov/>

ORGANIZATIONAL EXEMPTION APPLICATION

IRS Issued EIN (Employer Identification Number): _____ 501C _____

**NEW
RENEWAL**

Please verify and correct any information pre-printed on this form (if applicable).

Organization Name: _____
(Please note that property must be in the name of the organization claiming exemption as of the lien date, January 1st)

Organization Mailing Address: _____

Property Address: _____

Book/Map/Parcel #: _____ - _____ - _____ **OR** Personal Property Acct#: _____
(Attach inventory list with property values)

Submitting multiple parcels under the same owner? Visit www.mcaassessor.maricopa.gov to download our Tax Exemption Multiple Parcel Form. Submit this form with your multiple parcel form for review.

Organization Rep & Title: _____

Telephone: _____ Email: _____

****PLEASE ANSWER ALL QUESTIONS BELOW & ATTACH ALL SUPPORTING DOCUMENTATION****

Q1. NEW CLAIMS: Applicant has submitted copies of the following documents:

- Letter describing specific use(s) and occupancy of the property.
- A copy of your IRS 501-C determination letter **OR** provide your IRS-issued EIN above.

Q2. ALL CLAIMS: Which section of Arizona Revised Statute Title 42, Chapter 11, Article 3 does your organization claim exemption under? A.R.S § 42-111 _____

The organization may be required to submit a *Housing Affidavit* OR *Leased Property Affidavit* based on the statute selected in addition to this tax exemption claim form. Visit www.mcaassessor.maricopa.gov to review and download these additional forms.

Q3. ALL CLAIMS: Any portion of the property rented/leased, used or operated by another entity/organization? Yes or No (If yes, a copy of the most current lease agreement is required) _____

Q4. ALL CLAIMS: Does the organization receive income from the property, or support/subsidies from other sources? Yes or No (If yes, describe) _____

The Claimant as shown below, states the owner is not organized for profit and that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual. For the Assessor to consider your claim, you must answer all questions and attach all supporting documents. The Assessor may require additional proof of facts stated by the claimant, per A.R.S. § 42-11152.

State of Arizona; County of Maricopa

I declare, under penalty of perjury, this claim for tax exemption including any supporting statements or documents is true and complete to the best of my knowledge and belief. I understand that failure to complete this form in its entirety may result in a delay or denial for exemption.

_____ Date: _____

Claimant Signature

Subscribed and sworn to before me this: _____ day of _____ 20 _____

Signed: _____ (Deputy Assessor or Notary Public)