| OTC 987 | State of Oklahoma Application for Ad Valorem Tax Exemption | Tax Year 2023 |
|-----------------|---|------------------|
| Revised 11-2022 | for Religious Entities | 2020 |
| | • | |

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

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 the Oklahoma Secretary of State.

It is impossible for this application to cover every provision addressed in the statutes related to exempt religious organizations. The assessor may contact you with additional questions depending on the answers provided herein.

| REAL PROPERTY OWNER : Please Print or Type | | | | | |
|--|-----------------|--|--|--|--|
| Property Owner Name: | | | | | |
| Physical Address: | | | | | |
| Mailing Address: | | | | | |
| Contact Name: Title: | | | | | |
| Phone Number: Email Address: | | | | | |
| Legal Description: | | | | | |
| | | | | | |
| Record of Deed: Date: Document Number: | (or) Book/Page: | | | | |
| Approximately what percentage of the property is requested to be exempt? | Sq. Footage: | | | | |
| Are the Real Property Owner and the Religious Organization the same? | Yes No | | | | |
| Are there currently other exemptions on this property? | Yes No | | | | |
| If Yes , provide organization name(s): | | | | | |
| | Sq. Footage: | | | | |
| | Sq. Footage: | | | | |
| | Sq. Footage: | | | | |
| RELIGIOUS ORGANIZATION: | | | | | |
| Religious Organization Name: | | | | | |
| Mailing Address: | | | | | |
| Contact Name: Title: | | | | | |
| Phone Number: Email Address: | | | | | |
| Is the Religious Organization requesting an exemption for its business personal property? Yes No If Yes , provide a listing of the personal property being claimed for exemption. | | | | | |
| Is there other business personal property in use by the Religious Organization which is not being claimed for exemption? | | | | | |

| <u>PF</u> | ROPERTY USAGE (RELIGIOUS ORGANIZATION): | | |
|------------|---|-------------|--|
| 1. | Describe the exact usage of the property being claimed exempt: | | |
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| 2. | Explain exact usage of all income from the property being claimed exempt: | | |
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| 3. | Does the organization operate without profit or private advantage to its officials in charge? | Explain: | |
| 0. | | | |
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| RF | AL PROPERTY OWNER AFFIDAVIT: | | |
| | | | |
| I, | being duly sworn, upon oath, under penalty of perjury do he | | |
| that | I am (Title), of, as such I am acquainted with the books, accounts, and affairs of the property owner and know the forego | | perty Owner); ents |
| with | respect to the ownership to be true, correct and complete, and that all information requested of the | | |
| real | property owner has been fully and correctly given (68 OS Sec. 2945 provides penalties for false oaths). | | |
| Sigi | nature: | | |
| Sub | scribed and sworn to before me this day of, | | |
| My | commission expires:, | | |
| | , Notary Public | Not | ary Seal |
| | , rotary rabie | | , |
| <u>R</u> E | ELIGIOUS ORGANIZATION AFFIDAVIT: | | |
| I, | being duly sworn, upon oath, under penalty of perjury do he | ereby depos | se and say |
| that | I am (Title), of, as such I am acquainted with the books, accounts, and affairs of the organization and know the forego | Religious O | rganization); |
| | as such I am acquainted with the books, accounts, and affairs of the organization and know the forego respect to the organization to be true, correct and complete, and that all information requested of | ing stateme | nts |
| | organization has been fully and correctly given (68 OS Sec. 2945 provides penalties for false oaths). | | |
| Sia | nature: | | |
| | scribed and sworn to before me this day of ,, | | |
| | | | |
| iviy | commission expires:,, | | |
| | , Notary Public | Not | ary Seal |
| 20 | SESSOR USE ONLY Application for Exemption: Approved Disap | proved | School |
| | | | District |
| | sessor/Deputy: Date: | | |
| Acc | count Number: | | |