

Permissive Exemption Application Questionnaire

Building/Parcel Address:

Ownership

Does the organization hold legal title to the building/parcel for which the exemption is sought?

YES

NO

If no, does the organization hold equitable title under a land contract, lease-purchase agreement, deed of trust or some other instrument?

YES

NO

Please describe the nature of the instrument.

If the organization holds equitable, but not legal title, will it obtain legal title in the future? If so, describe the circumstances under which that will occur.

Is the organization leasing the property and seeking exemption for its leasehold interest in the building/parcel?

YES

NO

Please provide:

Name of Property Owner

Lease Terms

Monthly Rent

Please provide answers for each of the property-improvement types that are included in the parcel for which you are seeking an exemption. Click all boxes that pertain to your parcel. By clicking on the actual improvement type, you will be sent to that improvement type's questions. At the end of each improvement's section, click on **"Return to Improvement Types"** to return here for each improvement type on your parcel.

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[SINGLE-FAMILY RESIDENCES](#)

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[RELIGIOUS](#)

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[EDUCATIONAL](#)

Unimproved Parcels (Land)

Does the parcel have an improvement (building or other structure)? YES NO

If not, is the unimproved parcel being used for any activities by your organization? If so, what are they?
How often do the activities occur?

Is the unimproved parcel used for any activities by an entity other than your organization? If so, list the entity that uses the property, what those uses are and how often they occur. Is rent charged for the use of the parcel, and if so, how much?

Does the organization have plans to add an improvement to the parcel in the future? If so, what improvement does the organization plan on adding? What is the proposed time frame?

What steps has the organization taken to add that improvement?

Has there been a resolution from the organization's board of directors committing the organization to using the parcel in this way? When was the resolution adopted? If there has been such a resolution adopted, please provide a copy of the resolution.

Unimproved Parcels (Land) continued

Has construction begun on the proposed improvement? If so, when did it begin and how close to completion is the improvement?

Has the organization gotten architectural plans for the improvement or done any preparation work for building the proposed improvement? If so, from whom were the plans obtained? Describe any preparation work that was done.

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Single-Family Residential Property

If a single-family residential dwelling is on the parcel, is it occupied:

Full-time? Part-time? By whom?

Is a member or staff member of the organization occupying the dwelling required to live there?

YES NO

Is the member or staff member, occupying the property, required by the organization to periodically relocate to different locations throughout the country?

YES NO If so, how often?

Is the dwelling provided as part of the compensation package to members/officers/employees of the organization?

YES NO

Does a member of the organization have an office in the dwelling? YES NO

Is rent charged, and if so, how much? NO YES Monthly Rent:

If the occupant is not a member of the organization, is the dwelling used for another charitable, religious, educational or cemetery purpose? YES NO

Is it used for low-income housing? YES NO

Please describe the terms under which the dwelling is used.

If the dwelling is used for low-income housing, does the organization charge rent and, if so, what is the rental rate? YES NO Monthly Rent:

How does that rate compare with the rent charged for other, similar properties in the area?

Is the rent paid by the tenant or some other source? Tenant Other Source

What happens if the tenant does not pay the rent?

Single-Family Residential Property - continued

Is it used exclusively as a dwelling or are organizational activities held in the house?

Dwelling

Organizational Activities

If there are organizational activities, what are they? Please describe what those activities are and how often they occur. Please provide any backup to those activities, such as calendars, showing the nature of the activities, and their times and dates.

Please provide a list of those meetings and activities that occurred during the previous twelve month period, including the date of the meeting/function and a description of the meeting/function.

If the dwelling is used as a "group home" for people who are physically or developmentally disabled, please describe the residents.

Are the residents of the group home capable of living independently without supervision?

YES

NO

How is the group home staffed and what hours are staff present at the group home?

What are the duties of the staff of the group home?

In addition to serving as the dwelling of the residents of the group home, is the dwelling used for physical, social or education programs for residents?

YES

NO

If so, please describe those programs.

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Churches/Temples/Religious Buildings

Is the building used for religious services/activities? YES NO

Please describe the services/activities and how often they occur.

When not being used for religious services/activities, is the building used for other purposes?

YES NO

If YES, please describe those uses.

Are there portions of the building used by persons, firms, or organizations other than your organization?

YES NO

If YES, please describe the portion of the building, the name of the person or entity using the space, the purpose for which it is used, and the times it is used for that purpose.

Is there a parsonage on the parcel? YES NO

If YES, please also answer the "Single-Family Residential Property" questions in this questionnaire.

Is there a school on the parcel? YES NO

If YES, please also answer the "Educational Facilities" questions in this questionnaire.

Is there a daycare on the parcel? YES NO

If YES, please also answer the "Daycare" questions in this questionnaire.

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Commercial Property

Is it solely used by the organization, and if so, for what purpose or purposes?

YES

NO

Describe the property.

If other entities use all or a portion of the building, please list those entities and the portion of the building they use. Please provide the square footage used by each of those other entities.

Is the use of the building by other entities continuous or occasional?

Continuous

Occasional

If continuous, please describe the terms and conditions under which the space is used, such as the amount of rent, length of the lease and how the space is used?

If the use of the building by other entities is occasional, please list the entities, and the occasions on which it was used. Describe the uses of the building.

Is the building or some portion of it used for the sale and consumption of alcohol more than 20 hours a week? If so, what portion of the building is used for that purpose; what is the square footage of that area?

Is the building or some portion of it leased to a for-profit entity? If so, what is (are) the name/ names of the lessee(s), What is the square footage of the area leased? For what purpose does the lessee use the portion leased?

If the operation of the building shows a profit after the payment of expenses, how is that money used or distributed?

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Multi-Family Housing

Describe the use of the property.

What is the monthly rent charged to tenants? \$

How does the rent charged compare with market rents in the area?

Below Market Rate \$

Above Market Rate \$

If the rent the organization charges is restricted in some way, please describe those restrictions. Is the organization charging the maximum rent permitted under any such rent restrictions?

Does the rent come from the tenants, or does a portion of the rent come from other sources? If so, what are they?

Tenants

Other Sources

List other sources:

Is the rent paid by tenants to the organization supplemented financially by some other source?

YES

NO

If YES, describe the monetary supplement and its source:

Are tenants evicted from the property for nonpayment of rent?

YES

NO

If a resident cannot pay the rent, does a third party pay the rent, or is there some type of payment received by the organization designed to make up the rent?

YES

NO

Does the facility have an operational profit after expenses? YES NO

If so, how is that money used? If not, how are any operating deficits of the facility covered by the organization?

Housing for the Elderly

Describe the tenants. Are they able to live on their own, without assistance, or do they require some assistance from trained medical personnel, such as doctors or nurses? If they are able to live on their own without assistance, what happens if their health circumstances change and they require assistance with the tasks of daily living?

If the tenants require assistance with their tasks of daily living, describe the nature of the assistance provided.

Are the tenants required to have some certification by a physician of their need for care in order to live in the facility?

YES

NO

Describe the medical care available to residents at the facility, including medical staff and equipment.

Does the facility hold a license as a medical-care provider?

YES

NO

If the facility is operated at a profit, after payment of expenses, how is that money used or distributed?

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Fraternal Organization/Union Halls

Please describe the layout of the interior of the building. How much square footage is used for organizational offices? Meeting rooms? Large, multipurpose areas?

Is there a portion of the building used for the sale and consumption of alcohol for more than 20 hours a week?

YES

NO

What is the square footage of that area?

What percentage of the total square footage of the building does that space represent?

Are courses in academic, technical or vocational subjects taught at the facility?

YES

NO

Please describe what they are and how often they are offered.

What is the square footage of that area in which the classes are offered?

What percentage of the total square footage of the building does that space represent?

If there is a large, multipurpose area in the building that is suitable for gatherings such as parties, wedding receptions, family reunions, flea markets and the like, please describe how the organization uses this space.

Does it conduct organizational activities in that space? If so, what are they and how often do they occur?

If such large, multipurpose areas were rented out during the previous year, how often did that occur, to whom was the space leased and for what purposes was it used?

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Educational Facilities

Please describe the nature of the academic, technical or vocational subjects taught in the facility/building.

Are those courses taught year-round?

YES

NO

If not, during what portion of the year are the courses taught?

If no classes are taught in the facility, please describe the manner in which the facility/building is used and its role in the educational activities of the organization.

Is some portion of the building used by entities other than the organization? Please list the entities using that portion of the facility/building and the use to which the entity puts that portion of the facility/building.

How often is that portion of the facility/building used by those entities?

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Daycare

What is the age range of children at the daycare?

How many children are typically enrolled at the daycare?

Is there any sort of curriculum followed for all, or some of the children at the daycare?

YES

NO

If so, has that curriculum been approved by any federal, state or local agency?

YES

NO

Please describe the curriculum.

Is the daycare operated in conjunction with or support of a charitable, educational, or religious facility, such as a hospital or school?

YES

NO

Please explain the role of the daycare, if any, in furthering the operation of the facility it supports.

What is the fee structure for the daycare?

Are the fees charged related to a family's ability to pay?

YES

NO

If a family cannot afford to pay the fees, may they continue to send their child or children to the daycare?

YES

NO

Does the daycare provide "scholarships", providing no-cost or reduced-cost daycare services to families who cannot afford to pay the normal fees?

YES

NO

If so, how many children are enrolled on that basis?

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Hospitals and Medical Facilities

Does the hospital or medical facility turn patients away when they have no insurance, or cannot afford to pay for medical care at the hospital?

YES

NO

If the hospital or medical facility provides free or reduced-rate medical care for those who cannot afford to pay for their medical care, what is the value of the medical services provided on this basis during the most recent annual accounting period?

Does the hospital or medical facility contract with any other entity for the day-to-day operation of the facility, or the provision of staff for the facility?

YES

NO

If YES, what is the entity and describe the service or services it provides?

How is the entity compensated for its services?

If the entity contracted with provides the staff for the facility, does the **hospital/medical facility** or **contract entity** direct the work of the staff, determine work assignments/ compensation and make the decisions regarding hiring, discipline, and termination of staff?

Hospital/Medical Facility

Contract Entity

**** PLEASE PROVIDE A COPY OF THE CONTRACT. ****

What were the gross revenues of the hospital or medical facility during its most recent annual accounting period?

Hospitals and Medical Facilities - continued

Is the hospital or medical facility reimbursed by any third party for the value of free or reduced-rate medical care provided by the hospital or medical facility?

YES

NO

If so, what portion is reimbursed?

Does the reimbursement come from a government entity?

YES

NO

If not, from where does reimbursement come?

Does the hospital or medical facility lease space to for-profit entities?

YES

NO

If so, how much of the space in the hospital is leased?

What is the rent charged?

If the hospital or medical facility shows a profit, after expenses are paid, how is that money used or distributed?

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Retail Store

Describe the goods sold.

Describe how the prices of the goods sold are determined?

Are the goods sold for prices comparable to other stores selling similar goods? For example, if selling second-hand clothing and household items, are the prices charged comparable to prices for similar goods at other stores in the community selling second-hand clothing and household items?

YES

NO

If so, are there ever circumstances in which goods are sold at below comparable prices at similar retail stores?

YES

NO

Please describe those circumstances.

Are there ever circumstances under which goods are provided to needy people or charitable organizations free of charge?

YES

NO

Please describe those circumstances.

How many times in the previous twelve-month period have such donations been made?

What is the estimated value of goods provided free of charge?

Retail Store - continued

How many people does the store employ?

Are the workers in the store part of an organized, ongoing job-training program?

YES

NO

If so, please describe the program and how many workers in the store are part of that program.

If there are workers in the store who are not part of an ongoing job-training program, how are they hired and how many are there?

What were the gross revenues of the store during its most recent annual accounting period?

If the store shows a profit after expenses are paid, how are those monies used?

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Once you have completed the Real Property Exemption questionnaire, right click and choose "SAVE AS" Save your schedule 1 form to your desktop as "2016 Questionnaire - "Your Organization Name". You can then return to your online application, attach this document and submit your application or email your application and this questionnaire as attachments to exemptions@douglascounty-ne.gov.