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| For Office Use Only Name of organization | Assessment year | Approved |
|--|-----------------|----------|
| Assessor's signature | Date | Denied |

Application for Property Tax Exemption for Nursing Homes and Boarding Care Homes

Please read the instructions before you complete this form. Return to your county assessor by February 1.

| Representative or Owner Last Name | First Nam | e | Middle Initial | | |
|---|---|--|---|--|--|
| Title | Name of 0 | Name of Organization | | | |
| Mailing Address | | | | | |
| City | State | Zip code | County | | |
| Parcel ID or legal description of property (fi | rom tax statement or valuation n | otice) | | | |
| | | | | | |
| | | | | | |
| Certifications | | | | | |
| Certifications I certify that the above organization is exer | npt from federal income tax undo | er section 501(c)(3). | Yes No | | |
| | • | | | | |
| I certify that the above organization is exer | lowing as being true in order to | qualify for the exem | | | |
| I certify that the above organization is exer You must be able to certify one of the following | lowing as being true in order to | qualify for the exem | | | |
| I certify that the above organization is exer You must be able to certify one of the foll I certify that this facility is certified to partic | lowing as being true in order to cipate in the medical assistance | qualify for the exem | nption: | | |
| I certify that the above organization is exert You must be able to certify one of the follow I certify that this facility is certified to particular title 19 of the Social Security Act. I certify that this facility does not discharge | lowing as being true in order to cipate in the medical assistance e residents due to inability to pay | qualify for the exem | nption: | | |
| I certify that the above organization is exert You must be able to certify one of the follows: I certify that this facility is certified to particulate 19 of the Social Security Act. I certify that this facility does not discharge Signature of Owner or Authorization. | lowing as being true in order to cipate in the medical assistance e residents due to inability to pay zed Representative | qualify for the exen program under | nption: Yes No Yes No | | |
| I certify that the above organization is exert You must be able to certify one of the follow I certify that this facility is certified to particular title 19 of the Social Security Act. I certify that this facility does not discharge | lowing as being true in order to cipate in the medical assistance e residents due to inability to pay zed Representative information is true and correct to | qualify for the exemprogram under | yes No Yes No No Hedge, and I am the owner of the | | |

Include with this application a designation from the IRS proving status as a 501(c)(3) organization. Also include with this application a copy of the facility's discharge policy or proof that the facility is certified to participate in the medical assistance program under title 19 of the Social Security Act.

Applying for Exemption from Property Tax

Filing for Exemption

Minnesota Statutes 272.02, subdivision 90 provides a property tax exemption to qualifying nursing homes and boarding care homes. The facility must be exempt from federal income taxation pursuant to section 501(c)(3) of the Internal Revenue Code, and must meet one of the following requirements:

- The facility is certified to participate in the medical assistance program under title 19 of the Social Security Act; or
- The facility certifies that it does not discharge residents due to the inability to pay.

Applications are due February 1of the assessment year. This application must be re-filed every third year. No matter what year the taxpayer initially files for exemption, applications will again be due in 2013, 2016, 2019, etc.

In cases of sickness, absence, disability or for other good cause, the assessor may extend the deadline for filing the statement of exemption for a period not to exceed 60 days.

Required Documentation

You must provide the following documentation with this application:

- A designation from the IRS proving status as a 501(c)(3) organization; and either
- a copy of the facility's discharge policy showing that residents are not discharged due to the inability to pay; or
- proof that the facility is certified to participate in the medical assistance program under title 19 of the Social Security Act.

No property will be exempt from taxation under Minnesota Statute 272.02 if the taxpayer claiming the exemption knowingly violates any of the provisions of this section.

Assessor May Request Additional Information

Upon written request by the assessor, taxpayers must make available to the assessor all necessary books and records relating to the ownership or use of property which can help verify whether or not the property qualifies for exemption.

Sale or Purchase of Exempt Property

Property which is exempt from property tax on January 2 and, due to sale or other reason, loses its exemption prior to July 1 of that year, will be placed on the current assessment rolls for that year.

The valuation will be determined with respect to its value on January 2 of such year. The classification will be based on the use to which the property was put by the purchaser, or

in the event the purchaser has not utilized the property by July 1, the intended use of the property, as determined by the county assessor, based upon all relevant facts.

Use of Information

The information on this form is required by Minnesota Statutes, section 272.02 to properly identify you and determine if you qualify for this property tax exemption. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for

Penalties

Making false statements on this application is against the law. Minnesota Statutes, section 609.41 states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

Questions?

Your county assessor's office should be able to assist you with properly filling out this form.