

# Application for Property Tax Exemption

(RCW 84.36)

See page 6 for complete instructions and general information.

**Form 63 0001**

## Department of Revenue use only

Post/email:

Scan:

Fee: \$

Registration number:

County number:

## 1 Applicant organization information

Name:

Mailing address:

City:

State:

Zip:

Contact person:

Phone:

Website:

Email:

Washington State Unified Business Identifier Number (UBI number):

Federal Employer Identification Number:

Does your organization currently have a property tax exemption on any property in Washington?

Yes No Unknown If yes, what is your registration number?

Is your organization currently exempt from federal income tax under 501(c)? Yes No

## 2 Property information

County:

I am claiming exemption for (check all that apply):

Real property tax (building and land) Owned Leased

Personal property tax (furnishings and equipment) Owned Leased

Leasehold excise tax (lease of government owned property) Leased

Government owner/lessor:

Name of site occupant (if different from applicant):

Site location address:

City:

State:

Zip:

Parcel numbers:

State the current and/or planned use of the property:

1. On what date did your organization purchase/lease this property?

2. On what date did your organization begin using this property to conduct the exempt activity?

3. Was this property exempt to the previous owner or lessee? Yes No Unknown

4. Does your organization rent/sublease the property or a portion of the property? Yes No

5. Does your organization rent/loan the property to individuals or groups for events or meetings?

Yes No

6. Does this property include a parsonage, convent, or caretaker residence? Yes No

7. Are any buildings under construction, remodel, or planned to be built? Yes No

If yes, what is/was the start date? When is the estimated completion date?

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

## 3 Exemption matrix

Please use the checkbox to identify the exempted activity under which you are applying.

Exempt activity or use	Statute RCW 84.36	Rule WAC 458-15-	Exempt activity or use	Statute RCW 84.36	Rule WAC 458-15-
Administrative offices of a religious org.	032		Medical research/training facility	045	
Agricultural research or education facility	570		Military housing facility	665	
Artists – Property used to solicit or collect money for artists	650		Museum Future museum site*	060(1)(a)	280
Blood/Tissue bank	035		Nature conservancy land*	260, 262	290
Cancer clinic or center	046		Outpatient dialysis facility*	040	260
Cemetery*	020(1)	180	Performing arts facility Future performing arts facility*	060(1)(b)	282
Church building Future church site (land only)* Parsonage/Caretaker res.* Convent*	020(2)	190, 200	Public assembly hall or meeting facility*	037	300
Church camp*	030(2)	220	Rebroadcast government radio/TV signal	047	
Community celebration facility*	037	310	Federally incorporated relief organization	030(5)	
Community center (surplus school district property)	010		Senior citizen center	670	
Consul office/residence	010(1)		School or College*	050	280
Child day care center*	040(1)(a)	260	College foundation	050	280
Emergency/Transitional housing facility*	043	320	Sheltered workshop for the handicapped	350	330
Emergency medical transport aircraft	575		Social service organization*	030(1)	210
Fair association*	480		Soil/Water conservation district	240	
Fire company	060(1)(c)	284	Solicitation & distribution of gifts, donations, or grants*	550	215
Home for the aging* HUD financed facility Tax exempt bond financing Non HUD or bond financing	041	A-010 A-020	Student loan agency	030(6)	245
Home for the developmentally disabled*	042		Income qualifying households * Rental housing facility Future housing facility or cooperative Mobile or manufactured home cooperative	560	560
Home for the sick or infirm*	040	260	Veteran’s organization*	030(4)	
Homeownership development	049		Water distribution organization*	250	240
Nonprofit hospital* Public hospital* (leased property)	040	260	Youth character building organization (18 or younger)*	030 (3)	230
Humane society	060	286	Other:		
Library (open to the public & free)*	040	260			

**\*You must submit additional documents with application packet. Please see Section 6.**

## 4 Documentation confirmation

**Check the box to indicate that the following required documentation is included with this application packet. Incomplete applications cannot be processed and will be returned.**

A copy of your IRS letter, only if your organization has been granted exemption from federal income tax under section 501(c).

A copy of the deed for real property or a copy of the lease agreement, if the property under application is being leased. Note: Do not submit a Deed of Trust, as it cannot be used to demonstrate ownership. Please submit a warranty, quitclaim bargain & sale, or similar deed.

All additional documents listed in Section 6 of this application for the activity/exemption claimed.\*

If your organization rents/sub-leases the property or a portion of the property, please provide the following:

- A copy of all rental/sub-lease agreements, use agreements, or occupancy agreements.

If your organization rents or loans the property or a portion of the property for meetings, parties, or similar events, for more than 15-days in a calendar year, please provide the following:

- A copy of your rental policies and rates.
- A list of all individuals or organizations that used/rented from you during the previous calendar year. The list must include the dates your property was used, the name of the user, the purpose for which the property was used, the amount of rental/donation received, duration/hours of use, and whether the function was open to the public.
- Maintenance and operation expenses attributed to the rental space.

## 5 Certification and refund request

By signing this document, I certify that I am an authorized representative of the applicant. I certify that the statements in this application and the information attached are true and correct to the best of my knowledge and belief, and are made for the purpose of having the property described here on or a part thereof, exempt from taxation. I certify that I have reviewed, and can produce upon request, a statement of the receipts and disbursement of the applicant which shows that the income and receipts (including donations) have been applied to the actual expenses of operating and maintaining the exempt activity or for its capital expenditures and to no other purpose. If applicable, I request a refund of property taxes under the provisions of RCW 84.36.815 and RCW 84.69.020 and RCW 84.69.030.

Signature:

Date:

Print name:

Title:

Phone:

Email:

## 6 Additional documents required

In addition to the documents requested in section 4, please provide the documents listed for your specific activity.

### **Cemetery (nonprofit & for-profit) - Please provide:**

- A copy of the cemetery plat or map.
- A copy of your cemetery license issued by the Department of Licensing.

### **Future church site - Please provide:**

- Clearly established plans for financing the construction.
- The proposed architectural plans showing what portion of the property will be under actual exempt use.
- A copy of your site survey, building permit, other documents relevant to confirming an active building program.

### **Parsonage - Please provide documentation confirming:**

- The occupant is a licensed or ordained member of the clergy.
- The occupant is responsible for holding regularly scheduled worship services.

### **Convent - Please provide documentation confirming:**

- The occupants are licensed or ordained members of clergy devoted to religious life under a superior (i.e. convent formation document and resident guide).

### **Caretaker residence - Please provide:**

- A copy of your caretaker's contract/occupancy agreement.
- A list of your caretaker's duties.

### **Child day care center - Please provide:**

- A copy of your Child Care license from the Department of Early Learning.

### **Church camp --Please provide:**

- A list of all groups, organizations, or individuals (including your organization) that used the facility during the previous calendar year. This information should contain the dates of use, name of the user, the activities provided or conducted, and the rental or donation amount received.

### **Community celebration facility - Please provide:**

- Documentation confirming the property has been primarily used to conduct an annual community

celebration event for 10 or more years.

### **Emergency/Transitional housing facility - Please provide:**

- A description of your program or a list of the supportive services provided by your organization.
- A copy of your length of stay policy.
- A copy of your tenant agreement.
- A tenant list showing names of occupants, their move-in/move-out dates, and the rental fee.
- Maintenance/ operation expenses of the housing facility.

### **Fair association - Please provide:**

- Documentation demonstrating your organization sponsors a fair, which receives support from the Department of Agriculture Fair Fund.

### **Home for the aging HUD assisted facility - Please provide:**

- A listing of the varying levels of care and supervision provided or coordinated by the home.
- Documentation demonstrating the facility is assisted by a HUD Project Based Program.
- A residential tenant list showing the unit number; name of the resident(s) occupying the unit as of January 1, age of resident(s), an indication if the resident is disabled; the annual household income, and a description of the assisted living services (if provided).

### **Home for the aging non-HUD or bond financed facility - Please provide:**

- A listing of the varying levels of care and supervision provided or coordinated by the home.
- A residential tenant list showing the unit number; name of the resident(s) occupying the unit as of January 1 of the current year, age of resident(s), an indication if the resident is disabled; the annual household income, and a description of the assisted living services (if provided).
- Applicant must also file an income verification form REV 64 0043 with their County Assessor's Office for each eligible resident.

### **Home for the aging tax exempt bond financed facility - Please provide:**

- A listing of the varying levels of care and supervision provided or coordinated by the home.
- A copy of the regulatory agreement between the home and the entity that issued the bonds.
- A residential tenant list showing the unit number;

name of the resident(s) occupying the unit as of December 31 of the previous year, age of resident(s), an indication if the resident is disabled; and the annual household income.

**Home for the developmentally disabled - Please provide:**

- A tenant listing showing the names of all occupants, and move-in dates.
- Proof of tenant eligibility (provided by DSHS – Division of Developmental Disabilities).

**Home for the sick or infirm - Please provide:**

- A copy of the facility’s license issued by the Department of Health.

**Library (free) - Please provide:**

- A copy of your policies regarding use/membership, library hours, and material loan.

**Museum (future only) - Please provide:**

- Clearly established plans for financing the construction.
- The proposed architectural plans showing what portion of the property will be under actual use.
- A copy of your site survey, building permit, other documents relevant to confirming an active building program.

**Nature conservancy - Please provide:**

- A description of the specific resource(s) preserved on the property.
- A copy of your policy statement on the availability of the property to the public.

**Nonprofit or public hospital - Please provide:**

- A copy of Department of Health Certificate of Need.
- A copy of Department of Health Construction Review Packet.
- A copy of Department of Health Hospital Acute Care License.

**Outpatient dialysis facility - Please provide:**

- A copy of your license issued by the Department of Health.

**Performing arts facility (future only) - Please provide:**

- Clearly established plans for financing the construction.
- The proposed architectural plans showing what portion of the property will be under actual exempt use.
- A copy of your site survey, building permit, other

documents relevant to confirming an active building program.

**Public assembly hall / meeting facility - Please provide:**

- A copy of the facility’s rental policies and rates.
- Samples of public advertisement concerning the rental facility.
- A list of individuals/groups that used your facility during the previous calendar year including uses by your organization. The list must include the dates the property was used, the hours/duration of each use, the names of the user, the purpose for which the property was used, and the amount of rental/donation received.

**School or college - Please provide:**

- Documents which show accreditation by the Superintendent of Public Instruction or certification by an external agency that certifies educational institutions such as the U.S. Department of Education.
- A copy of course catalog, schedule, and student handbook.

**Social Service Organization - Please provide:**

- A general description of the goods/services provided.
- A copy of your sliding fee scale or other charity care/reduced fee schedule or policy.
- A spreadsheet showing the total number of clients served at the location during the previous year categorized by primary payer (see example below).

**Client Detail: 321 Capital Place**

Sliding fee scale - poverty level	Number of clients
At or below 100%	0
125%	0
150%	94
175%	16
200%	0
Above 200%	27
Medicaid	31
Medicare	31
Private insurance	412

Total clients: 580

**Note:** Instead of providing items 2 & 3 above you may submit documentation confirming your organization contributed at least 10% of the total annual income

received from the property under application towards the support of social services.

### **Solicitation of gifts, donations, or grants for nonprofits - Please provide:**

- Proof of your affiliation with a state or national volunteer charitable fund-raising organization.
- A list of the organizations receiving gifts, grants, or donations from your organization.

### **Housing facilities or mobile/manufactured home cooperatives with income qualifying households (existing or future) - Please provide:**

- Copy of agreements that define the applicant's interest in the ownership and operation of the facility/coop (i.e. formation/ownership structures, operating agreements, regulatory agreements etc.).
- Documentation confirming the facility/coop is insured, financed, or assisted through one of the following sources:
  - A federal or state housing program administered by the Department of Commerce.
  - A federal housing program administered by a city or county government.
  - An affordable housing levy authorized by RCW 84.52.105.
  - Surcharges authorized by RCW 36.22.178 and 36.22.179, or Chapter 43.185C RCW.
  - Washington State Housing Finance Commission.
- A tenant list showing the type of unit, unit number, name of the tenant occupying the unit as of December 31 of the previous year, total number of tenants in unit, and their annual combined household income. Not necessary to include for a future very low-income housing facility.

**Note:** If applying as a future very low-income housing facility then please provide a site map showing the facility to be constructed.

### **Veteran's organization - Please provide:**

- A copy of your organization's national charter document.

### **Water distribution organization - Please provide:**

- A list of members and their addresses.
- A list showing addresses receiving water.

### **Youth Character Building Organization - Please provide:**

- A copy of your policy statement that shows the maximum age of participants served by your organization.

## **7 Submittal instructions**

The attached application is used by nonprofit organizations seeking exemption from real property tax, personal property tax and leasehold excise tax (a tax on the use of government owned property).

1. Read the entire form.
2. Review the table on page 2 and select the exemption that best fits your organization's activities.
3. Compile or prepare the documents requested in sections 4 & 6 of this application.
4. Complete Sections 1, 2 and 3 of the application.
5. Scan and email the completed application form along with the additional documentation to:  
[dornonprofitapplication@dor.wa.gov](mailto:dornonprofitapplication@dor.wa.gov) or send by U.S. mail to:

Department of Revenue  
Property Tax Division/Exempt Property  
PO Box 47471  
Olympia WA 98504-7471

## **8 General Information**

Nonprofit organizations, even though they may be exempt from federal taxes, are not generally exempt from property taxes in Washington state. Unless the nonprofit organization is exclusively using the property to conduct an activity specifically exempted by the Legislature, it is required to pay property taxes in the same manner as other entities. The exempt activities are found in Chapter 84.36 of the Revised Code of Washington (RCW). Additional information regarding these exemptions is located in Chapter 458-16 of the Washington Administrative Code (WAC). A helpful reference matrix is included with this application.

### **Ownership**

Generally, ownership by a nonprofit entity is required to qualify for exemption. However, some statutes allow nonprofit organizations to lease property and remain eligible for exemption. In these cases the lease must transfer the responsibility for the property taxes to the nonprofit.

## **Filing date**

Applications are due within 60 days of acquiring the property and/or converting the property to an exempt use. Applications requesting a retroactive exemption are accepted as long as the application is filed within three years of the date the taxes were due. Late or retroactive applications are subject to late filing penalties.

## **Notification and right to appeal**

If you do not agree with the Department of Revenue's decision, you have the right to appeal the decision to the Washington State Board of Tax Appeals (Board). Your appeal must be filed with the Board within 30 calendar days of the date the determination was mailed, as evidenced by the postmark. You must allow for mailing time within the 30 day period. To obtain an appeal form, call the Board at 360-753- 5446 or visit their website at [bta.state.wa.us](http://bta.state.wa.us).

## **Renewing the exemption**

Once an exemption is established, it must be renewed by March 31 annually. The Department of Revenue mails a renewal notice annually in January. The notice reminds the nonprofit organization to renew online at [dor.wa.gov](http://dor.wa.gov) using the My DOR program. The renewal process cannot be used to add property to an existing exemption. Organizations wanting to add previously taxed property to an existing exemption must file a new application.

## **Report changes in use**

After the exemption has been granted, any change in use or ownership must be reported to the Property Tax division of the Department of Revenue within 60 days of the change.

## **Jeopardizing the exemption**

Washington's laws and rules restrict the manner in which exempt property may be used. To qualify for and maintain exempt status the property must be exclusively used to conduct the exempted activity. All other activities including commercial activities must be severely restricted. Property may be exempt in part if a portion of the property does not initially qualify, or fails to continue to qualify for the exemption.

## **Tax rollback**

Most exempt property is subject to a property tax rollback. When the nonprofits stop using their property for an exempt activity or sell it, taxes, plus interest, may be assessed for the current year plus the

three previous years. There are several exceptions to this rule. Please contact the Department of Revenue's Property Tax division for more information.

## **For assistance or questions on this form**

Please contact the Exempt Property Tax section of the Department of Revenue at 360-534-1400.