

PTAX-766 Application and Affidavit for IRC 501(c)(2), (c)(8), or (c)(10) Fraternal Organization Assessment Freeze

Step 1: Complete the following information

Please type or print.

1 _____
 Name of fraternal organization

 Street address of fraternal organization's property

 Mailing address, if different than above

 City State ZIP
 () —

 Name of contact person Phone

2 Write the property index number (PIN) of the property for which you are requesting this assessment freeze. Your PIN is listed on your property tax bill or you may obtain it from the chief county assessment officer.

a PIN _____

b Write the legal description **only** if you are unable to obtain your PIN. _____

- 3 Write the assessment year for which you are applying.
 Assessment year: _____
- 4 Is this the first time you are applying for this assessment freeze? Yes No
Note: If "Yes," please see the instructions for what attachments you must send along with this form.
- 5 Are you renewing this assessment freeze and **have no changes** to report for this assessment year? Yes No
Note: If "Yes," the chief presiding officer only needs to complete Step 1, sign this form, and have it notarized before filing with the CCAO.
- 6 Are you renewing this assessment freeze and **have changes** to report for this assessment year? Yes No
Note: If "Yes," the chief presiding officer needs to complete Step 1, any lines in Step 2 that have changed, sign this form, and have it notarized before filing with the CCAO. See "How do I renew the assessment freeze?" for what you may need to attach.

Step 2: Complete this affidavit

7 Did your organization own or have a legal or equitable interest in the property on January 1 of this assessment year? Yes No

If "Yes," check and complete the appropriate line below.

a Deed or contract for deed executed _____/_____/_____
 Month Day Year

b Other (specify) _____/_____/_____
 Month Day Year

8 Is your organization liable for the property taxes on the property for this assessment year? Yes No

9 Does your organization lease any of the property to another person or entity not qualified to receive this assessment freeze? Yes No

If "Yes," you must attach a copy of the lease.

10 Describe your organization's activities that take place on this property. _____

11 Do your members provide direct or indirect financial support for charitable works, such as medical care, drug rehabilitation, or education? Yes No

12 Is the principal building for your organization located on this property? Yes No

13 Write the dimensions or acreage of the property. _____

14 Write for each building on the property, the square feet of ground area (SFGA), number of stories, and indicate if there is a basement.

	SFGA	No. of stories	Basement Y or N
a Bldg. 1	_____	_____	_____
b Bldg. 2	_____	_____	_____
c Bldg. 3	_____	_____	_____

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this application and affidavit is true, correct, and complete.

 Signature of chief presiding officer Date / /

Subscribed and sworn to before me this _____ day of _____, 20____.