## MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION APPLICATION FOR EXEMPTION CHURCHES, PARSONAGES, CONVENTS, EDUCATIONAL BUILDINGS, AND CHURCH CEMETERIES

To be filed with the Supervisor of Assessments in the appropriate local office; a list of offices is attached.

## Applications must be received no later than September 1 in order to have the exemption considered for the current tax levy. Applications received after September 1 will be considered for the next tax levy.

This form seeks information for the purpose of a church exemption on the indicated property. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax Court, the requested information, or a portion thereof, may have to be provided to the owner of that other property.

Full name of titled owner:

Location and Description of Pro	operty	Account Num	ber:			
Baltimore City	Ward:	Section:	Block:	Lot:		
County:	District:	Мар:	Block:	Parcel:		
Subdivision:						
Description:						
Date Acquired:		Deed	Reference:			
1. Below, explain in sufficien	t detail the type a	and use of the prope	rty, land and bu	ldings:		
2. Is any part of this property	rented? Yes [	[] No [] If yes,	to whom?			
Name:	Name: What is the estimated annual rent?					
3. Does this organization ow	n any adjoining F	Real Property? Yes	s[] No[]			
		v accompanying schedules and statements) has been examined ef is a true, correct and complete return. Date:				
Signature of Applicant:						
				Date:		
Print Name:				Date:		
Print Name:	THIS APPLIC/		DR PUBLIC INSPEC	- Date: Phone:		
Print Name:	THIS APPLIC/	ATION IS NOT OPEN FC	OR PUBLIC INSPEC	- Date: Phone:		
Print Name: Complete Address:	THIS APPLIC/	ATION IS NOT OPEN FC OR ASSESSMENT OFFIC	DR PUBLIC INSPEC	Date: Phone: TION		
Print Name: Complete Address: Comments: New Application [ ]	THIS APPLIC/ (FO Re-Appl	ATION IS NOT OPEN FC OR ASSESSMENT OFFIC lication [ ]	DR PUBLIC INSPEC	_ Date: Phone: TION Code No.		
Print Name: Complete Address: Comments: New Application [ ] Approved [ ]	THIS APPLIC/ (FO Re-Appl Disappro	ATION IS NOT OPEN FC OR ASSESSMENT OFFIC lication [ ]		_ Date: Phone: TION Code No.		
Print Name: Complete Address: Comments: New Application [ ] Approved [ ] Land	THIS APPLICA (FO Re-Appl Disappro	ATION IS NOT OPEN FC PR ASSESSMENT OFFIC lication [ ] oved [ ] ements		Date: Phone: TION Code No. Effective Total		