BLAIR COUNTY
BOARD OF ASSESSMENT APPEALS

423 Allegheny St, Suite 041, Hollidaysburg, PA 16648
814-693-3110

APPLICATION FOR THE EXEMPTION FROM REAL PROPERY TAXATION

*Application must be filed with the Assessment Office on or before **August 1st**.*
If granted, the exemption will affect the next calendar year. All taxes for current and previous years must be paid.

Parcel Number: _____ Control Number: _____

Situs/Location of Property: _____

Recorded Owner(s) Name: _____

Mailing Address: _____

_____

What is the current use and/or planned use of the property for which exemption is being sought:

_____

_____

Is there any income generated by this property? No ____ Yes____ If yes please describe:

_____

_____

What category of exemption under the Consolidated County Assessment Law (53 Pa. C.S.A. §8812) are you applying for:

_____

_____

If the organization is seeking exemption as an institute of purely public charity, you must meet **both** tests laid out in the case of Hospital Utilization Project v. Commonwealth, 487 A.2d 1306 (hereinafter "HUP Test"), and the Institutions of Purely Public Charities Act (hereinafter "Act 55 Test"):

- Advances a charitable purpose;
- Donates or renders gratuitously a substantial portion of its services;
- Benefits a substantial and indefinite class of persons who are legitimate subjects of charity;
- Relieves the government of some of its burden; and
- Operates entirely free from private profit motive.

Please attach a list of each of the five prongs under both the HUP Test and Act 55 Test and how your organization meets each of the five prongs (total of ten prongs) including any documentary exhibits supporting your assertions. The organization must provide proof of how it meets each prong of each test under the HUP Test and Act 55 Test; bald assertions simply indicating the organization meets a particular prong will not allow the Board to favorably consider the organization's application.

I/We hereby attest that the above information is true and correct to the best of my knowledge. I/We understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

_____

Authorized Representative Signature Date

_____

Print Name Daytime Phone Number

All notices of these proceedings shall be mailed to the owner(s) of record above and such other as identified below.

Name: _____

Mailing Address: _____

Daytime Phone Number: _____

See the Blair County Assessment Appeals Rules and Regulations
for additional information ***REQUIRED*** to be submitted with application.