

APPLICATION FOR OBSOLETE PROPERTY REHABILITATION EXEMPTION CERTIFICATE

This form is issued as provided by P.A. 146 of 2000. Filing of this form is voluntary. This application should be filed after the district is established. This project will not receive tax benefits until approved by the State Tax Commission.

INSTRUCTIONS: File the original and one copy of this form and the required attachments with the clerk of the local government unit. (The State Tax Commission requires one copy of the Application and the Resolution. The original is retained by the clerk.) Please see State Tax Commission Bulletin 9 of 2000 for more information about the Obsolete Property Rehabilitation Exemption.

TO BE COMPLETED BY CLERK OF LOCAL GOVERNMENT UNIT. Clerk must also complete sections 14, 15, 17 on page 2.		THIS SECTION FOR USE BY THE STATE TAX COMMISSION	
Signature		Application No.	
Date This Application Was Received		Date Received	
TO BE COMPLETED BY APPLICANT <i>(Applicant, do not write above this line. Begin entries at 1a below.)</i>			
1a. Applicant (Company) Name (Applicant must be the OWNER of the facility)		Important Note: If this application form (3674) is not fully completed, it will be returned by the Property Tax Division prior to any processing being done by the State Tax Commission.	
b. Company Mailing Address (No. and Street, P.O. Box, City, State, ZIP)			
c. Location of Obsolete Facility (No. and Street, City, State, ZIP)			
		d. City/Twp./Village	e. County
2. Date of Commencement of Rehabilitation	3. Planned Date of Completion of Rehabilitation	4. School District Where Facility is Located	a. School Code
5. Estimated Cost of Rehabilitation		6. How Many Years of Exemption Requested?	
7. Project will have the reasonable likelihood to:(Check one or more) <input type="checkbox"/> increase commercial activity <input type="checkbox"/> create employment <input type="checkbox"/> retain employment <input type="checkbox"/> prevent a loss of employment <input type="checkbox"/> revitalize an area <input type="checkbox"/> increase the number of residents in the community in which the facility is situated 7a. Indicate the number of jobs to be retained or created as a result of rehabilitating the facility, including expected construction employment: _____		8. Legal Description of Obsolete Property	
9. The following must be provided to the local governmental unit as attachments to this application: (a) General description of the obsolete facility, (b) General description of the proposed use of the rehabilitated facility, (c) Description of the general nature and extent of the rehabilitation to be undertaken, (d) A descriptive list of the fixed building equipment that will be a part of the rehabilitated facility, (e) A time schedule for undertaking and completing the rehabilitation of the facility, (f) A statement of the economic advantages expected from the exemption.			
10. The State Treasurer may exclude from the specific tax up to ½ of the mills levied for local school operating purposes and for the State Education Tax. Please check the following box if you wish to be considered for this exclusion: <input type="checkbox"/>			
11. APPLICANT'S CERTIFICATION The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all of the information is truly descriptive of the property for which this application is being submitted. Further, the undersigned is aware that, if any statement or information which it provides is untrue, the exemption provided by P.A. 146 of 2000 may be in jeopardy. The applicant certifies that this application relates to a rehabilitation program that, when completed, constitutes a rehabilitated facility, as defined by P.A. 146 of 2000 and that the rehabilitation of the facility would not be undertaken without the applicant's receipt of the exemption certificate. It is further certified that the undersigned is familiar with the provisions of P.A. 146 of 2000, of the Michigan Compiled Laws; and to the best of his/her knowledge and believe, (s)he has complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local unit of government and the issuance of an Obsolete Property Rehabilitation Exemption Certificate by the State Tax Commission.			
12. Name of Person to Contact for Further Information		Title	Telephone Number ()
Mailing Address			
13. Type Name of Company Officer		Title	Telephone Number ()
Signature		Date	

This section is to be completed by the clerk of the local governing unit before submitting the application to the State Tax Commission. Include a copy of the resolution which approves the application.

14. Action Taken 14. Action Taken 14. Action Taken	Ending December 31, _____ (not to exceed 12 years)
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15. RESOLUTION MUST CONTAIN THE FOLLOWING. A copy of the resolution must be furnished to the State Tax Commission.

<ul style="list-style-type: none"> • A statement that the local unit is a qualified Local Governmental Unit. • A statement that the Obsolete Property Rehabilitation District was legally established including the date established and the date of hearing as provided by section 3 of P.A. 146 of 2000. • A Statement indicating whether the taxable value of the property proposed to be exempt plus the aggregate taxable value of property already exempt under P.A. 146 of 2000 and under P.A. 198 of 1974 (IFT's) exceeds 5% of the total taxable value of the unit. • If it exceeds 5% (see above), a statement that exceeding 5% will not have the effect of substantially impeding the operating of the Qualified Local Governmental Unit or of impairing the financial soundness of an affected taxing unit. • A statement that the application was approved at a public hearing as provided by section 4(2) of P.A. 146 of 2000 including the date of the hearing. • A statement that the applicant is not delinquent in any taxes related to the facility. • A statement of the factors, criteria and objectives, if any, necessary for extending the exemption, when the certificate is for less than 12 years. • A statement that the application is for obsolete property as defined in section 2(h) of Public Act 146 of 2000. 	<ul style="list-style-type: none"> • A statement that all of the items described on line 9 of the application for Obsolete Property Rehabilitation Exemption Certificate have been provided to the Qualified Local Governmental Unit by the applicant. • A statement that the commencement of the rehabilitation of the facility did not occur before the establishment of the Obsolete Property Rehabilitation District. • A statement that the application relates to a rehabilitation program that when completed constitutes a rehabilitated facility within the meaning of P.A. 146 of 2000 and that is situated within an Obsolete Property Rehabilitation District established in a Qualified Local Governmental Unit eligible under P.A. 146 of 2000 to establish such a district. • A statement that completion of the rehabilitated facility is calculated to, and will at the same time of issuance of the certificate, have the reasonable likelihood to, increase commercial activity, create employment, retain employment, prevent a loss of employment, revitalize urban areas, or increase the number of residents in the community in which the facility is situated. The statement should indicate which of these the rehabilitation is likely to result in. • A statement that the rehabilitation includes improvements aggregating 10% or more of the true cash value of the property at commencement of the rehabilitation as provided by section 2(l) of P.A. 146 of 2000. • A statement of the period of time authorized by the Qualified Local Governmental Unit for completion of the rehabilitation.
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16. ASSESSOR:	Taxable Value	State Equalized Value (SEV)
Current Taxable } Land _____		
Value and State } Buildings _____		
Equalized Value of } Buildings on Leased Land _____		
obsolete properties} Other Personal Property _____		
broken down for: } Year of Values _____		

17. Name of Local Government Body City of Ionia	Date of Action of this Application
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CLERK'S CERTIFICATION
 The undersigned clerk certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way. Further, the undersigned is aware that if any information provided is untrue, the exemption provided by P.A. 146 of 2000 may be in jeopardy.

Signature of Clerk	Date	Telephone Number 616 527-4170 x 213
Clerk's Mailing Address 114 N. Kidd St.; P.O. Box 496	City Ionia	ZIP Code 48846

Applications received after October 31 may not be acted upon in the current year. This application is subject to audit by the State Tax Commission.

Mail completed Application and copy of Resolution to:
**State Tax Commission
 Michigan Department of Treasury
 P.O. Box 30471
 Lansing, MI 48909-7971**

If you have any questions, please call (517) 373-2408 or 373-3302. In Ionia call: (616) 527-4170, extension 223