

# CITY OF WILMINGTON DELAWARE



## Non-Profit Application and Affidavit for Property Tax Exemption

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FINANCE DEPARTMENT  
Revenue Division

# 2012

Deadline: April 30, 2012



CITY OF WILMINGTON  
DEPARTMENT OF FINANCE  
REVENUE DIVISION

**Tax Year  
2012**

## NON-PROFIT APPLICATION AND AFFIDAVIT FOR PROPERTY TAX EXEMPTION

Enclosed is an Application for the Non-Profit Exemption described under the Wilmington City Code Sections 44-54/44-56 and Delaware Code, Title 9, Chapter 81, Section 8105. An individual application must be filed for each individual parcel for which an exemption is sought.

Each application must be accompanied by the following:

- ▶ \$25.00 check made payable to the "City of Wilmington."
- ▶ Government Affirmation Letter from the IRS to prove status as a "tax-exempt" or charitable entity (letter confirms the Owner's Federal Identification Number/Tax-Exemption Number).
- ▶ Financial Statement and/or Independent Audit Report.
- ▶ Application must be notarized by a Notary Public for the State of Delaware

**NOTE: Applications without the aforementioned attachments are deemed invalid.**

**Non-profit organizations that are eligible for tax exemption are as follows:**

- |   |  |
|---|--|
| <input type="checkbox"/> State, Local, and Federal Governments  | <input type="checkbox"/> Hospitals                               |
| <input type="checkbox"/> Religious Organizations  | <input type="checkbox"/> Not-for-Profit Nursing Homes            |
| <input type="checkbox"/> Literary/Private Schools   | <input type="checkbox"/> Qualifying Senior Citizen Organizations |
| <input type="checkbox"/> Exclusively Charitable Organizations   | <input type="checkbox"/> Homes for Special Services              |
| <input type="checkbox"/> Licensed Not-for-Profit Day Care Centers   | <input type="checkbox"/> Homes for the Aged                      |
| <input type="checkbox"/> Not-for-Profit Organizations (operating primarily for Arts or Cultural purposes) |  |

**ALL non-profit organizations** must file this biennial exemption application regardless of city or state affiliation or New Castle County tax exemption status. Failure to make application on or before **April 30<sup>th</sup>** shall constitute a waiver of the exemption privilege for the ensuing tax year that will begin on July 1<sup>st</sup>.

**NO EXEMPTION** shall become effective unless and until any and all taxes, fees, and assessments, together with interest and penalties, due to the City have been **PAID IN FULL**. Payment must be received within 30 days of the filing of this application or application will be **DENIED**.

Properties used for commercial purposes or held by way of investment are not eligible for this exemption.

Should you have any questions regarding this application or the program, you may contact Customer Service of the Division of Revenue, Department of Finance at (302) 571-4320, Monday – Friday, 9:30 a.m. until 4:00 p.m.

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Please return the completed application and the required attachments to:

**NON-PROFIT EXEMPTIONS**  
**Attention: Revenue Division, 1<sup>st</sup> Floor**  
**City of Wilmington • 800 North French Street • Wilmington, DE 19801**  
**[www.WilmingtonDE.gov](http://www.WilmingtonDE.gov)**



**CITY OF WILMINGTON  
DEPARTMENT OF FINANCE • REVENUE DIVISION**

**NON-PROFIT APPLICATION AND  
AFFIDAVIT FOR PROPERTY TAX EXEMPTION**

*THIS IS A BIENNIAL EXEMPTION APPLICATION FOR TAXES BILLED JULY 1, 2012 AND JULY 1, 2013*

**SECTION 1 - APPLICANT INFORMATION**

1. Name of Owner/Business: _____	
2. Date of Application: _____ / _____ / _____	3. Due Date of Application: <b>APRIL 30, 2012</b>
4. Tax Parcel Number: _____	
5. Street Address of Parcel (for which the exemption is claimed): _____	
6. Mailing Address for Owner/Business: _____	
7. Purchase Date: _____ / _____ / _____	8. Purchase Price: _____

**SECTION 2 - CONTACT PERSON'S INFORMATION**

9. Contact Person: _____	10. Signature: _____
11. Position in the Company (if applicable): _____	
12. Mailing Address: _____	
13. Phone Number : _____	14. Fax Number: _____
15. Email Address (if available): _____	

**SECTION 3 - QUESTIONS WITH REGARD TO THE EXEMPT ORGANIZATION**

<input type="checkbox"/> Check here if this is the second or later parcel application and proceed to Section 4.  OTHERWISE, COMPLETE THE SECTION BELOW.	First Parcel Application Parcel Number: _____
16. Please provide copies of the following materials: <ul style="list-style-type: none"> <li>▶ Organization's most recent audited financial statements.</li> <li>▶ Federal Income Tax Return</li> <li>▶ Information for each fundraising activity and business enterprise in which this organization is engaged. (If this is a national organization, include only information concerning the local chapter or affiliate.)</li> </ul>	
17. If this is a renewal, has there been any change in the exempt status of the organization since the last application, two (2) years ago, for property tax exemption? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If yes, explain: _____	



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18. If this is a renewal, has there been any change in the purpose or function of the organization since the last application for property tax exemption?  Yes  No

If yes, explain: \_\_\_\_\_

19. If this is a renewal, has there been any change in the requirements for a person or group of persons to receive your services since the last application for the property tax exemption?  Yes  No

If yes, explain: \_\_\_\_\_

**SECTION 4 - QUESTIONS WITH REGARD TO THE PROPERTY**

20. Check the Type of Non-Profit Service Provide:

- |   |  |
|---|--|
| <input type="checkbox"/> State, Local, and Federal Governments                | <input type="checkbox"/> Hospitals                               |
| <input type="checkbox"/> Religious Organizations                              | <input type="checkbox"/> Nursing Homes                           |
| <input type="checkbox"/> Literary/Private Schools                             | <input type="checkbox"/> Qualifying Senior Citizen Organizations |
| <input type="checkbox"/> Exclusively Charitable Organizations                 | <input type="checkbox"/> Homes for Special Service               |
| <input type="checkbox"/> Licensed Not-for-Profit Day Care Centers             | <input type="checkbox"/> Homes for the Aged                      |
| <input type="checkbox"/> Not-for-Profit Organizations Operating primarily for | <input type="checkbox"/> Other: _____                            |

21. Describe accurately and briefly the uses of the property. If there is more than one use, give percentage estimates for each use.

<b>Property Usage 1:</b> _____	% _____
_____	
<b>Property Usage 2:</b> _____	% _____
_____	

22. Is there any portion of this property rented, leased, or loaned for any period of time to any person or group other than the owner names on this application?  Yes  No

23. If rented or leased, describe how these rent or lease revenues are used?

- Maintaining the property only
- Funding the organization's social or community-oriented programs. If checked, list programs below:
- \_\_\_\_\_
- \_\_\_\_\_
- Added to the organization's general fund. Other, please list:
- \_\_\_\_\_
- \_\_\_\_\_

