



RENEWAL FORM
NOT-FOR-PROFIT • FULL EXEMPTION

Mail to: NYC Dept. of Finance, Exemptions Unit - NFP (Full), P.O. Box 3120 - Church Street Station, New York, NY 10008-3120

Organization Name:
Applicant's Name:
Mailing Address:
Borough: Block: Lot(s):

Use this form to renew your FULL not-for-profit exemption.

If you should have any questions regarding this renewal form, please call 311 or email us at commercialexemptions@finance.nyc.gov. If calling from outside of the five NYC boroughs, please call 212-NEW-YORK (212-639-9675).

SECTION ONE

In the space below, provide the name and telephone number of a person to contact for additional information or to provide access to the property for a physical inspection.

CONTACT NAME RELATIONSHIP TO APPLICANT DAYTIME TELEPHONE NUMBER

SECTION TWO

The following questions pertain to changes which were not disclosed in a prior renewal form. Please answer the following questions by checking either YES or NO. FOR EACH QUESTION ANSWERED "YES", ATTACH A SEPARATE SHEET AND PROVIDE A DETAILED EXPLANATION OF EACH CHANGE.

- 2a. A change has been made to the Articles of Incorporation or By-Laws of the organization.
2b. A change has occurred in the organization's status with regard to exemption from federal income tax.
2c. The use of the property has changed.
2d. All or part of the property has been sold or leased or is now being offered for sale or lease.
2e. A physical change has been made to the property in the form of new construction, alteration, or demolition.

SECTION THREE

PART 1. Check the one statement below that best describes the current occupant of the property.

- The property is completely occupied by the organization that owns it.
- The property is partly or completely occupied by an affiliated subsidiary of the organization that owns it.
- The property is completely or partly leased to a not-for-profit organization that is not related to the organization that owns it.
- The property is not occupied. However, it is the intention of the owner organization to occupy the property in the future.
- Other (please describe): _____

PART 2: Check all of the categories listed below that describe the current use of the property.

- Residential - Check one: Parsonage Dormitory housing Staff housing
- Other. Specify: _____
- Religious Services
- Educational
- Administrative offices for the organization that owns the property or a tenant
- Medical/Therapeutic Services
- Other (please specify): _____

SECTION FOUR

SIGN AND DATE BELOW TO CERTIFY THE ACCURACY OF ALL INFORMATION YOU PROVIDED IN THIS FORM.

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render this application null and void.

SIGNATURE

TITLE

DATE