

ADDENDUM APPLICATION FOR EXEMPTION FROM PROPERTY TAXATION FOR RELIGIOUS ORGANIZATIONS

This addendum application is to be used by institutions of religion seeking property tax exemption for additional real property pursuant to Section 170 of the Kentucky Constitution. The organization listed hereon has been granted property tax exemption for real property under separate application currently on file in the Jefferson County Property Valuation Administrator's Office. The organization listed hereon must be the same organization as previously granted exemption, not a subsidiary entity or related organization. Please return this completed addendum application to the Jefferson County Property Valuation Administrator, 531 Court Place, STE 504, Louisville, KY 40202-3393.

Name	Exact Legal Name of the Religious Institution: _____ _____ Phone Number: (____) _____
Address & Parcel ID of Current Exempt Property	_____ Number & Street _____ City County State Zip Code Parcel Identification #: _____
Address of Additional Property <small>(Please use a separate addendum application per parcel.)</small>	_____ Number & Street City County State Zip Code Parcel Identification #: _____ (Leave blank if unknown)
Mailing Address of Religious Institution / Applicant	_____ P.O. Box / or Number & Street _____ City County State Zip Code
Use of Additional Property	_____ _____ _____
State of Incorporation	State: _____ <input type="checkbox"/> Nonprofit <input type="checkbox"/> Nonstock <input type="checkbox"/> Other _____
County of Additional Property	_____ (If property extends into more than one county, please list all.)
Applicant Signature	I hereby certify that the statements and information contained hereon are correct to the best of my knowledge and belief, and that the property listed on this application is being used for the exact same purpose as described in the organization's previous application currently on file in the Jefferson County Property Valuation Administrator's Office, and that I am authorized to sign this application. Applicant Name / Title (Please Print): _____ _____ Applicant Signature: _____ Date: _____
To Be Completed by PVA'S Office	Recommendation: _____ Signed: _____ Date: _____