

## Nursing Homes and Boarding Care Homes Application for Property Tax Exemption

To qualify for exemption, the nursing home must be licensed under section 144A.02 or the boarding care home must be certified as a nursing facility under title 19 of the Social Security Act. The facility must also meet other statutory requirements. [Please read the Information & Instructions sheet before completing.](#)

<b>Owner(s) of the Property</b>	<b>This section is to be completed by all applicants.</b> Please provide the following information for the organization that owns the property on which the exemption is being claimed.			
	Name of organization			Date property acquired by organization
	Name of representative or owner		Title	Date of Application
	Mailing address of organization			
	City	State	Zip Code	County

<b>Property Information</b>	<b>This section is to be completed by all applicants.</b> Please fill out the following information about the property on which exemption is being claimed.			
	Property Address			
	City	State <b>MN</b>	Zip code	County <b>Ramsey</b>
	Legal Description of the property			Parcel ID Number

<b>Certifications</b>	<b>This section is to be completed by all applicants.</b> Please check the appropriate boxes below.			
	Is the organization exempt from federal income tax under section 501( c )( 3 )? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>You must be able to certify one of the following as being true in order to qualify for the exemption:</b>			
	I certify that this facility is certified to participate in the medical assistance program under title 19 of the Social Security Act.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that this facility does not discharge residents due to the inability to pay. <i>If Yes, please explain.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Please include with this application a designation from the IRS proving status as a 501( C ) ( 3 ) organization. Also include with this application a copy of the facility's discharge policy or proof that the facility is certified to participate in the medical assistance program under title 19 of the Social Security Act.**

<b>Signature</b>	<b>Signature of owner or authorized representative.</b> By signing below, I certify that the above information is true and correct to the best of my knowledge, and I am the owner of the property or authorized representative of the organization that owns the property for which exemption is being claimed.	
	<b>Making false statements on this application is against the law.</b> Minnesota Statue 609.41 states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison	
	Applicant's Signature	Daytime Phone

**Refer to the [Instructions & Informations](#) sheet for the required documentation that must be attached to your application**