



TAX EXEMPT PROPERTY & LEASEHOLD VERIFICATION FORM
(For Determination of Taxable Leasehold Interests)

LEGAL AUTHORITY

This request is made pursuant to §58.1-3203, §58.1-3603, §58.1-3604, §58.1-3606, and §58.1-3651 of the Code of Virginia to verify tax exempt status and determine whether a taxable leasehold interest exists.

Submission: Return Completed Form and any supporting documentation via:

- Email: assessor@vb.gov.com
Fax: (757) 385-5727
Mail or in-person delivered to: Office of the Real Estate Assessor
2424 Courthouse Drive Bldg. 18
Virginia Beach, VA 23456

PROPERTY INFORMATION

Parcel ID Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Church/Organization: \_\_\_\_\_

PROPERTY USE & OPERATIONS

- 1. Describe the current use(s) of the property: \_\_\_\_\_
2. Is the property used exclusively for its exempt purpose?
Yes No
If no, explain: \_\_\_\_\_
3. Days and Hours of Operation/Use: \_\_\_\_\_
4. Are there additional uses or activities (programs, rentals, third-party operations)?
Yes No
If yes, describe: \_\_\_\_\_
5. Does the property have a Conditional Use Permit, Special Use Permit, or similar approval?
Yes No

**LEASE / USE OF PROPERTY**

6. **Is any portion of the property leased, rented, or used by another party?**  
 Yes  No
7. **Is there a lease, management, or other agreement in place?**  
 Yes  No    If yes, enter Start Date: \_\_\_\_\_  
 Copy attached **(REQUIRED)**
8. **What portion of the property is used by the daycare/business or other party?**  
 Entire property  Partial  
If partial, describe area(s) approximate square footage: \_\_\_\_\_

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**DAYCARE / BUSINESS INFORMATION (IF APPLICABLE)**

9. **Is a daycare or business operating on the property?**  
 Yes  No  
If yes, complete below:
- Name of Daycare/Business: \_\_\_\_\_
  - Address (if different): \_\_\_\_\_
  - Phone/Email: \_\_\_\_\_
10. **Is the church operating the daycare/business?**  
 Yes  No    If no, identify the operating entity: \_\_\_\_\_
11. **Who manages the daycare/business?**  
Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
Is the manager affiliated with the church?  Yes  No
12. **Who does the daycare/business serve?**  
 General Public  Church Members Only  Both
13. **Does the daycare/business have a valid business license?**  
 Yes  No    If yes, provide license number \_\_\_\_\_
14. **How are payments made?** (check all that apply)  
 Paid to church  Paid to separate entity  Cash  Check  Electronic  
Additional details: \_\_\_\_\_

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**CERTIFICATION**

I certify that the information provided herein is true, correct, and complete to the best of my knowledge. I understand that this information is being used to determine the taxable status of the above-mentioned property and that failure to provide accurate information may result in reassessment or other actions as permitted by law.

**Name (Print):** \_\_\_\_\_

**Title/Relationship:** \_\_\_\_\_

**Church Name/ Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_