

9. Does any person or organization have a reversionary interest in this property? Yes No
 b. If yes, indicate name and address of such person and state terms of right of reverter: _____

10. Describe, in detail, use or uses of the property: _____

IF THE ORGANIZATION SEEKING EXEMPTION HAS INDICATED ONE OF ITS CORPORATE PURPOSES IS HOSPITAL IN QUESTION 2a ON FORM RP-420-a-Org, ANSWER QUESTION 11; IF NOT, SKIP TO 12.

11. Are the premises or any portion thereof leased or otherwise occupied as professional offices? Yes No
 If yes, answer a through c.
- a. State whether the professional offices are leased or otherwise occupied by: 1. _____ members of the staff, e.g. doctors 2. _____ professionals not on the staff of the hospital 3. _____ a combination of 1 and 2
- b. If leased to members of the staff, are the offices used: 1. _____ solely for hospital related matters 2. _____ for the private practice of the staff members 3. _____ a combination of 1 and 2
- c. If not used solely for direct-hospital related purposes, what percentage of time and space are the offices used for direct hospital-related purposes, and what percentage of time and space are they used for private practice of the staff?

12. Is the property or any portion thereof regularly occupied by persons or organizations other than applicant? Yes No
 If yes, answer a through d.
- a. Name of occupant(s) _____
- b. Use by occupant(s) (also indicate specific portion of property so occupied): _____

- c. Term(s) of occupancy (e.g. one-year lease, month-to-month tenancy): _____

- d. Amount of rental paid by occupant(s) _____
13. Is the property or any portion thereof occasionally used by persons or organizations other than the applicant? Yes No
 a. If yes, state use and indicate specific portion of property used, frequency of use and fee charged or contributions received for use: _____

14. Are there any buildings or other improvements on the property? Yes No
 If yes, skip questions a through e. If no, answer a-e and skip questions 15-16.
- a. Use or uses of property if not described in question 10. _____

- b. Are buildings or other improvements contemplated on this unimproved land? Yes No
 If yes, give full details including proposed use(s): _____
- c. Do the minutes of the organization contain a resolution(s) authorizing contemplated building or other improvements? Yes No
 If yes, attach a copy of resolution(s).
- d. State detailed financial resources for contemplating buildings or other improvements (including building fund). _____

- e. When will construction begin? _____

15. Describe, briefly, the building(s) or other improvements: _____

a. Approximate acreage of land not underlying buildings or other improvements: _____

b. Use or uses of land referred to in 15a if not described in question 10. _____

c. Are buildings or other improvements contemplated on this unimproved land? Yes No
If yes, give full details including proposed use(s) _____

d. Do the minutes of the organization contain a resolution authorizing contemplated buildings or other improvements?
If yes, attach copy of resolution(s) Yes No

e. State financial resources for contemplated buildings or other improvements (including building fund).

f. When will construction begin? _____

16. Are there any unoccupied buildings or other improvements on this property? Yes No

a. Date(s) they became unoccupied _____

b. Describe contemplated use(s) of the buildings or other improvements: _____

VERIFICATION

State of New York

ss:

County of _____

_____, being duly sworn, says that ___ he is the _____
of the applicant organization, that the statements contained in this application (including the attached sheets consisting of
_____ pages) are true and correct and complete, and that ___ he makes this application for real property tax exemption as
provided by law.

Subscribed and sworn to before me
this _____ day of _____ 20 _____

11. SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:

12. COMMISSIONER OF DEEDS OR NOTARY PUBLIC:

