



City of Chicago Department of Finance  
Utility Billing & Customer Service  
P.O. Box 6330  
Chicago IL 60680-6330

## **Not-for-Profit Exemption of Water & Sewer Charges Application**

*In Accordance with Municipal Code Section 11-12-540*

Water Account Number: \_\_\_\_\_ - \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

State of Illinois Registration File Number: \_\_\_\_\_

The above-named property has a water meter to measure usage:

Yes

No

If no, the Department of Water Management will be in contact to conduct an on-site evaluation.

The above-named property has a water conservation plan in effect:

Yes

No

The above-named organization is:

A not-for-profit 501(c) (3) organization (other than a governmental entity).  
*Please attach a copy of your IRS Form 1023 or Form AG990-IL, or a letter of good standing from the IRS.*

A not-for-profit disproportionate share ("DSH") hospital.  
*Please attach a copy of the letter issued by the Illinois Department of Healthcare and Family Services confirming that the hospital is eligible to receive payments under DSH programs for the current year.*

Please check the appropriate box below if the above-named organization has total net assets or fund balances, less land and building, at the end of the prior tax year or calendar year of (line 20 of the following page):

- Less than \$1 million; or  
 \$1 million or more, but less than \$10 million; or  
 \$10 million or more, but less than \$250 million; or  
 \$250 million or more.

***Please provide IRS Form 990 for the prior year if you are required to file. Also, complete the Financial Data section of this form on the next page which supports your net assets above.***

Please describe the charitable work benefiting the public that the above named organization performs within the City of Chicago.

\_\_\_\_\_  
\_\_\_\_\_

**Financial Data** *(This form and Certification by Applicant is required for exemption approval.)*

Customer Name:

Date:

**Balance Sheet** (for your most recently completed tax year)

Year End:

**ASSETS**

**Amount in Dollars**

1	Cash	1	\$
2	Accounts Receivable, net	2	\$
3	Inventories	3	\$
4	Bonds and Notes Receivable	4	\$
5	Corporate Stocks	5	\$
6	Loans Receivable	6	\$
7	Other Investments	7	\$
8	Depreciable and Depleted Assets	8	\$
9	Land and Building	9	\$
10	Other Assets	10	\$
11	<b>Total Assets (add lines 1 through 10)</b>	11	\$

**LIABILITIES**

12	Accounts Payable	12	\$
13	Contributions, Gifts and Grants Payable	13	\$
14	Mortgages and Notes Payable	14	\$
15	Other Liabilities	15	\$
16	<b>Total Liabilities (add lines 12 through 15)</b>	16	\$

**NET ASSETS OR FUND BALANCES**

17	Total Net Assets or Fund Balances (line 11 minus line 16)	17	\$
18	<b>Total Liabilities and Net Assets or Fund Balances</b>	18	\$

**ADJUSTED NET ASSET POSITION FOR EXEMPTION**

**PURPOSES**

19	Less Land and Building (line 9)	19	\$
20	<b>Total Net Assets or Fund Balances Less Land &amp; Building Allowance (line 17 minus line 19)</b>	20	\$

*(Complete Certification by Applicant on the back of the form)*

Certification by Applicant: I, the undersigned, do hereby certify that I am authorized to submit this application on behalf of the named organization. I certify that all statements made in this application are true and correct. I understand that a false statement of material fact made on this application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as incarceration, fines and an award to the City of Chicago of up to three times any damages incurred, plus litigation costs, collection costs and attorney's fees.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Approved	Disapproved
By:	_____	_____
Date:	_____	_____
Reason:	_____	_____
Group ID	_____	_____