



APPLICATION FOR TAX EXEMPTION - REAL PROPERTY

This renewal form is to be used if you have previously completed the long form and filed with the County all current documentation necessary for proof of property tax exemption based upon Idaho Code 63-602.

FILING DEADLINE is **April 15, 2025** to allow the Assessor time to make any adjustments prior to the required June mailing of property valuations.

PART I - Ownership Verification

Name of Applicant/Organization: Teton Valley Health Care Inc.

Address of Property Being Claimed: 341 N 1st E Driggs, ID 83422

Legal Description: E2 LOT 7 BLK 7 DRIGGS TOWNSITE SEC 26 T5N R45E Parcel Number: RPA0014007006A

Date Property Was Acquired By Owner/Organization: _____

If Applicant Is **NOT The Legal Owner**, Explain Relationship/ Affiliation To Owner:
Property is leased from Teton County Idaho

PART II - Property Exemption Request

Provide Specific Details & Examples of Principal Activities/Uses by Applicant Organization On Property Being Claimed: This property is used for administrative offices in support of the hospital including human resources, case management, quality management, and marketing. Additionally, this property is used to store physical copies of medical records.

List Annual Meeting Dates of Board: The fourth Wednesday of each month.

Are there minutes available upon request? Yes ☒ No ☐

Attach a list of current Board Members.

From The List Below, Check The Idaho Statute Which Qualifies Applicant For Exemption:

63-602B ☐ 63-602C ☐ 63-602D ☒ 63-602E ☐ 63-602GG ☐ other ☐

- | | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 1. Has the use of the property changed in the past year?* | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| 2. Is the property, or any part, leased or rented to or from others?* | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Has the use of all or part of this property changed since your exemption last year?* | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |

* If you answered yes to any of the above questions, please describe the situation in detail on a separate sheet of paper.

Since last year, have there been organizational changes to the following? If yes, please attach revised and/or new documents.

Articles of Incorporation YES ☐ NO ☒ By-Laws YES ☐ NO ☒

Constitution YES ☐ NO ☒ IRS Ruling of 501 YES ☐ NO ☒

PART IV – Applicant Attestation

Applicant Name (*please print*): Andrew Erickson

Mailing Address: 120 E Howard Ave. Driggs, ID 83422

Phone Number: 208-354-6315 Email Address: AErickson@tvhcare.org

Applicant Signature Andrew Erickson Date: 3/14/2025

Board of Equalization Property Value Exemption: ACCEPT _____ DENY _____

Signature Chairman of BOCC

DATE: _____

If you have questions call 1-208-776-8254.

RETURN FORM & DOCUMENTS TO: Teton County Commissioners
150 Courthouse Drive, Room #208
Driggs, ID 83422

Email Documents to: dreyes@tetoncountyidaho.gov

Response to “Is the property, or any part, leased or rented to or from others?”

This property is leased from Teton County Idaho.

Response to “Has the use of all or part of this property changed since your exemption last year?”

This property is now used for administrative offices in support of the hospital including human resources, case management, quality management, and marketing in addition to medical records storage.