

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING

This claim is filed for fiscal year 20 _____- 20 _____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | - | | | | | |
|--|---------------|-------------------------|----------------------------|------------------------|--------------------|--|
| | | FOR ASSESSOR'S USE ONLY | | | | |
| | | Received by | | | | |
| | | | , | (Assessor's designee) | | |
| | | of | (county or city) | ON | e) | |
| L | | | | | | |
| NAME OF ORGANIZATION | | | | | | |
| MAILING ADDRESS (number and street) | | | CITY, STATE, ZIP CODE | | | |
| DDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city) | | | | ASSESSOR'S P | ARCEL NUMBER | |
| 1. Was the property leased to the lessee for a term of 35 years or more, more? (The Assessor may require a copy of the lease be submitted.) | or was the | lease | transferred to the lesse | ee with a remaining to | erm of 35 years or | |
| 2. Was the property used exclusively and solely for rental housing and re 50093 of the Health and Safety Code? YES NO | elated facili | ties for | tenants who are perso | ons of low income as | defined in section | |
| An affidavit affirming that the tenants' incomes do not exceed the limits | nrovided h | w secti | on 50093 of the Health | and Safety Code | | |
| | | | by the lessee (if this cla | · | or) | |
| The exemption cannot be allowed without the income affidavit. | will be pre | | | | | |
| 3. The property is leased and operated by a (check one): | | | | | | |
| a. Religious, hospital, scientific, or charitable fund, foundation, or c Welfare Exemption provided by section 214 of the Revenue and | | | | | | |
| b. Public housing authority or public agency. | | | | | | |
| c. Limited partnership in which the managing general partner has r (3) of the Internal Revenue Code. If this box is checked, copies of Limited Partnership (LP-1), including any amendments (LP-2), | of the deter | minatio | on letter, the limited par | tnership agreement, | | |
| are attached will be submitted by the lessee. The exer | nption can | not be a | allowed without these c | locuments. | | |
| Whom should we contact during norma | al busine | ss ho | urs for additional in | nformation? | | |
| NAME | | | | TITLE | | |
| DAYTIME TELEPHONE EMAIL ADDRESS | | | | | | |
| CER | TIFICAT | ON | | | | |
| I certify (or declare) under penalty of perjury under the laws of the Si accompanying statements or documents, is true, co | | | | | | |
| SIGNATURE OF PERSON MAKING CLAIM | | | TI | TITLE | | |
| NAME OF PERSON MAKING CLAIM | | | D | ATE | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

