EF-236-R07-0519-03000054-1 BOE-236 REV. 07 (05-19)

## **EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY AND SOLELY**



## James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

DATE

FOR LOW-INCOM	IE HOUSING			
This claim is filed for (Example: a person fili	fiscal year 20 20 ng a timely claim in January 2011 would enter "20	11-2012.")		
NAME AND MAII (Make necessary	LING ADDRESS corrections to the printed name and mailing address)	Г	FOR ASSESSOR'S USE ONLY	
Г		٦		
			Received by	
			reconved by	(Assessor's designee)
			of(county or city)	on
1		i	(county of city)	(date)
L		[		
NAME OF ORGANIZATIO	N			
MAILING ADDRESS (num	ber and street)		CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)				ASSESSOR'S PARCEL NUMBER
50093 of the Health  YES No An affidavit affirming  is attached  The exemption cannot  3. The property is lease  a. Religious, hos  Welfare Exem	ed exclusively and solely for rental housing and rela and Safety Code? O that the tenants' incomes do not exceed the limits p	rovided by se vill be provide rporation. <b>No</b>	ction 50093 of the Health and d by the lessee (if this claim is te: if this box is checked, the	Safety Code: s filed by the lessor). lessee must file and qualify for the
c. Limited partne	ership in which the managing general partner has remail Revenue Code. If this box is checked, copies of tnership (LP-1), including any amendments (LP-2), s	the determina showing endo	ation letter, the limited partners rsement by the Secretary of S	ship agreement, and the Certificate tate
	Whom should we contact during normal	business h		
NAME			Т	ITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		I	
( )				
	CERT	IFICATION		
	under penalty of perjury under the laws of the Sta ompanying statements or documents, is true, con			
SIGNATURE OF PERSON MAKING CLAIM			TITLE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



NAME OF PERSON MAKING CLAIM