EF-236-R07-0519-14000208-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY AND SOLELY FOR LOW-INCOME HOUSING



County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2	2011-2012.")		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY Received by	
			(Assessor's designee)
		of(county or city)	on
L	_		
NAME OF ORGANIZATION			
MANUNO ADDDEGO (/ / . / /		OUTLY OTATE ZID CODE	
MAILING ADDRESS (number and street)		CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number	and street, city)		ASSESSOR'S PARCEL NUMBER
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.) YES NO	or was the lea	ase transferred to the lessee v	with a remaining term 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 An affidavit affirming that the tenants' incomes do not exceed the limits is attached will be provided within days The exemption cannot be allowed without the income affidavit.	provided by s		d Safety Code:
 3. The property is leased and operated by a (check one): a. Religious, hospital, scientific, or charitable fund, foundation, or of 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 reconstructed (3) of the Internal Revenue Code. If this box is checked, copies of Limited Partnership (LP-1), including any amendments (LP-2) are attached will be submitted by the lessee. The exercises 	Taxation Cod received a det of the determinant, showing end	e in order for this exemption c ermination that it is a charitab nation letter, the limited partne orsement by the Secretary of	laim to be allowed. le organization under section 501(c) ership agreement, and the Certificate State
Whom should we contact during norma	al business	hours for additional info	rmation?
NAME			TITLE
DAYTIME TELEPHONE EMAIL ADDRESS			
CER	TIFICATIO	N	
I certify (or declare) under penalty of perjury under the laws of the S accompanying statements or documents, is true, co			
SIGNATURE OF PERSON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

