EXEMPTION OF LEASED PROPERTY USED

EXCLUSIVELY FOR LOW-INCOME HOUSING



RICHARD N. BENSON

Assessor-Recorder-County Clerk COUNTY OF MARIN EXEMPTIONS DIVISION P.O. Box C Civic Center Branch San Rafael, CA 94913 (415) 473-3794

| This claim is filed for fiscal year 20 20 | | San Rafael, CA 94913 (415) 473-3794 | |
|--|---|--|--|
| (Example: a person filing a timely claim in January 2011 would enter "2011-2012.") | | www.marin | county.gov |
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Г | | | |
| | | FOR ASSESSOR'S USE ONLY | |
| | Re | ceived by | (Assessor's designee) |
| | of | | ON |
| | | (county or city) | (date) |
| | | | |
| NAME OF ORGANIZATION | | | |
| MAILING ADDRESS (number and street) CITY, STATI | | | |
| ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city) | | | ASSESSOR'S PARCEL NUMBER |
| 1. Was the property leased to the lessee for a term of 35 years more? (The Assessor may require a copy of the lease be subr | | se transferred to the less | ee with a remaining term of 35 years or |
| 2. Was the property used exclusively and solely for rental housi 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do not exceed is attached will be provided within days The exemption cannot be allowed without the income affidavit 3. The property is leased and operated by a (check one): | the limits provided by se | | and Safety Code: |
| a. Religious, hospital, scientific, or charitable fund, foundated welfare Exemption provided by section 214 of the Reve | | | |
| b. Public housing authority or public agency. | | | |
| c. Limited partnership in which the managing general part (3) of the Internal Revenue Code. If this box is checked of Limited Partnership (LP-1), including any amendmen are attached will be submitted by the lessee. | , copies of the determin ts (LP-2), showing endo The exemption cannot b | ation letter, the limited par rsement by the Secretary e allowed without these c | rtnership agreement, and the Certificate of State documents. |
| Whom should we contact durin | g normal business | nours for additional in | 1 |
| NAME | | | TITLE |
| DAYTIME TELEPHONE EMAIL ADDRESS | | | |
| | CERTIFICATION | | |
| I certify (or declare) under penalty of perjury under the laws accompanying statements or documents, is | of the State of Californ | nia that the foregoing an | |
| SIGNATURE OF PERSON MAKING CLAIM | | | ITLE |
| NAME OF PERSON MAKING CLAIM | | D | ATE |
| THIS DOCUMENT I | S SUBJECT TO P | JBLIC INSPECTION | 1 |

