EF-236-R07-0519-23000042-1 BOE-236 REV. 07 (05-19)

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



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482

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This claim is filed for fiscal year 20 _ (Example: a person filing a timely clain		"2011-2012.")		
NAME AND MAILING ADDRESS (Make necessary corrections to the prin	ted name and mailing address)	٦	FOR ASSESSOR'S USE ONLY	
			Received by	(Assessor's designee)
L		ل	of(county or city)	on
		_		
NAME OF ORGANIZATION				
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 lesse more? (The Assessor may require a compared of YES NO	•		se transferred to the lesse	ee with a remaining term of 35 years or
2. Was the property used exclusively ar 50093 of the Health and Safety Code YES NO An affidavit affirming that the tenants' is attached will be provided the tenants of the exemption cannot be allowed with the tenants.	? incomes do not exceed the limided within days	its provided by se	·	and Safety Code:
b. Public housing authority or public c. Limited partnership in which the (3) of the Internal Revenue Coof Limited Partnership (LP-1), i	or charitable fund, foundation, or charitable fund, foundation, or section 214 of the Revenue at lic agency. e managing general partner hade. If this box is checked, copie	nd Taxation Code s received a dete s of the determin 2), showing ende	e in order for this exemption ermination that it is a charit ation letter, the limited part presement by the Secretary	table organization under section 501(c) tnership agreement, and the Certificate of State
Whom sho	uld we contact during nor	mal business	hours for additional in	formation?
NAME				TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS			
()	CE	RTIFICATION	1	
		State of Califor	nia that the foregoing and	d all information hereon, including any knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			· · · · · · · · · · · · · · · · · · ·	TLE
NAME OF PERSON MAKING CLAIM			DA	NTE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

