EF-236-R07-0519-24000408-1 BOE-236 REV. 07 (05-19)

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



MERCED COUNTY MATT H. MAY, ASSESSOR

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This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would e	nter "2011-2012.")					
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY				
		Received by				
		of	(county or city)	on	(date)	
L	ل		(224.19 21 219)		()	
NAME OF ORGANIZATION						
TO AND						
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? (The Assessor may require a copy of the lease be submit YES NO		ase transfe	erred to the lessee	with a remainin	g term of 35 years or	
2. Was the property used exclusively and solely for rental housing 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do not exceed the is attached will be provided within days. The exemption cannot be allowed without the income affidavit.	e limits provided by	section 500		d Safety Code:		
 3. The property is leased and operated by a (check one): a. Religious, hospital, scientific, or charitable fund, foundation Welfare Exemption provided by section 214 of the Revenution b. Public housing authority or public agency. 						
c. Limited partnership in which the managing general partne (3) of the Internal Revenue Code. If this box is checked, countried Partnership (LP-1), including any amendments are attached will be submitted by the lessee. The	opies of the determ (LP-2), showing end	nation lette dorsement l	r, the limited partne by the Secretary of	ership agreemer State	· · · · · · · · · · · · · · · · · · ·	
Whom should we contact during	normal business	hours fo	r additional info	rmation?		
NAME				TITLE		
DAYTIME TELEPHONE EMAIL ADDRESS						
	CERTIFICATIO	N				
I certify (or declare) under penalty of perjury under the laws of accompanying statements or documents, is tr	f the State of Califo	rnia that tl				
SIGNATURE OF PERSON MAKING CLAIM				TITLE		
NAME OF PERSON MAKING CLAIM			DATE			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

