EF-236-R07-0519-24000046-1 BOE-236 REV. 07 (05-19)

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



MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

This claim is filed for fiscal year 20(Example: a person filing a timely claim in		"2011-2012.")		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed na	ame and mailing address)	٦	FOR ASSESSOR'S USE ONLY	
			Received by	(Assessor's designee)
L		لـ	of(county or city)	on
NAME OF ORGANIZATION				
MANUNO APPRESO (OITY OTATE ZID OODE	
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 more? (The Assessor may require a copy YES NO	•	e, or was the lea	se transferred to the lesso	ee with a remaining term of 35 years or
2. Was the property used exclusively and so 50093 of the Health and Safety Code?	olely for rental housing and	related facilities	for tenants who are personal	ons of low income as defined in section
YES NO An affidavit affirming that the tenants' inco	omes do not exceed the limit	s provided by se	ection 50093 of the Health	and Safety Code
	within days	,	ed by the lessee (if this cla	•
The exemption cannot be allowed without			,	,
The property is leased and operated by a a. Religious, hospital, scientific, or chewelfare Exemption provided by second b. Public housing authority or public a	aritable fund, foundation, or ction 214 of the Revenue an	•		the lessee must file and qualify for the on claim to be allowed.
(3) of the Internal Revenue Code. If of Limited Partnership (LP-1), include	f this box is checked, copies	s of the determin 2), showing endo	ation letter, the limited par prsement by the Secretary	
Whom should	we contact during norn	nal business	hours for additional in	nformation?
NAME				TITLE
DAYTIME TELEPHONE ()	EMAIL ADDRESS			
	CEF	RTIFICATION	l	
I certify (or declare) under penalty of per accompanying statemen	jury under the laws of the nts or documents, is true, o			
SIGNATURE OF PERSON MAKING CLAIM			TI	ITLE
NAME OF PERSON MAKING CLAIM			D	ATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

