EF-236-R07-0519-27000320-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

USED EXCLUSIVELY AND SOLELY	
FOR LOW-INCOME HOUSING	

NAME AND MAILING ADDRESS (Make necessary corrections to the printe	ed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY			
1		ı				
			Received	by	(Assessor's d	esignee)
			of	(county or city)	on	(date)
L		_				
IAME OF ORGANIZATION						
MAILING ADDRESS (number and street)	ING ADDRESS (number and street) CITY, STATE, ZIP CODE					
DRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)					ASSESSOR'S PARCEL NUMBER	
. Was the property leased to the lessee more? (The Assessor may require a co	•		ase transferr	ed to the lesse	e with a remain	ng term of 35 years o
. Was the property used exclusively and 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' ir is attached will be provided. The exemption cannot be allowed without the same and the same an	ncomes do not exceed the limed within days	nits provided by s	section 50093	of the Health a) :
. The property is leased and operated by a. Religious, hospital, scientific, or Welfare Exemption provided by b. Public housing authority or publi	charitable fund, foundation, section 214 of the Revenue a					
c. Limited partnership in which the (3) of the Internal Revenue Code of Limited Partnership (LP-1), in	e managing general partner ha e. If this box is checked, copie	es of the determi 2-2), showing end	nation letter, lorsement by	the limited part the Secretary o	nership agreem of State	
Whom shou	Ild we contact during no	rmal business	hours for	additional in	formation?	
NAME					TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS					
<u> </u>	CE	RTIFICATIO	N			
I certify (or declare) under penalty of μ accompanying staten	perjury under the laws of the ments or documents, is true,					
SIGNATURE OF PERSON MAKING CLAIM				-	-	
SIGNATURE OF PERSON MAKING CLAIM		,		TIT	LE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

