EF-236-R06-0512-30001104-1 BOE-236 REV. 06 (05-12)

## EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING

S THORNT

Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or

or P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779

**Claude Parrish** 

www.ocassessor.gov

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			20.1125
Γ	FOR ASSESSOR'S US		'S USE ONLY
	Rece	eived by	essor's designee)
	- 6	,	,
	of	(county or city)	N (date)
L			
NAME OF ORGANIZATION			
MAILING ADDRESS (number and street)		CITY, STATE, ZIP CODE	
DDRESS 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, or was more? (The Assessor may require a copy of the lease be submitted.)  YES  NO	the lease	transferred to the lessee wi	th a remaining term of 35 years or
2. Was the property used exclusively and solely for rental housing and related fa 50093 of the Health and Safety Code?	acilities fo	r tenants who are persons o	f low income as defined in section
YES NO			
An affidavit affirming that the tenants' incomes do not exceed the limits provide	ed by secti	ion 50093 of the Health and	Safety Code:
is attached will be provided within days will be	provided	by the lessee (if this claim is	filed by the lessor).
The exemption cannot be allowed without the income affidavit.			
3. The property is leased and operated by a (check one):			
a. Religious, hospital, scientific, or charitable fund, foundation, or corporal Welfare Exemption provided by section 214 of the Revenue and Taxatic			
b. Public housing authority or public agency.			
c. Limited partnership in which the managing general partner has received (3) of the Internal Revenue Code. If this box is checked, copies of the discount of			•
of Limited Partnership (LP-1), including any amendments (LP-2), showing		·	. •
are attached will be submitted by the lessee. The exemption of	annot be	allowed without these docun	nents.
Whom should we contact during normal bus	iness ho	urs for additional inforr	nation?
NAME		TI	TLE
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFICA			
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true, correct, a			
SIGNATURE OF PERSON MAKING CLAIM	<u></u>	TITLE	
NAME OF PERSON MAKING CLAIM		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

