EF-236-R06-0512-30001882-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING

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



Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocassessor.gov

NAME AND MAILING ADDRESS			
(Make necessary corrections to the printed name and mailing address) ——————————————————————————————————	FOR ASSESSOR'S USE ONLY		
	Pageiyad by		
	Received by	(Assessor's designee)	
	of(county or city)	on	
L	(county or only)	(udie)	
NAME OF ODO ANIZATION			
NAME OF ORGANIZATION			
MAILING ADDRESS (number and street)	CITY, STATE, ZIP CO	ODE	
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, or was the more? (The Assessor may require a copy of the lease be submitted.) YES NO	ne lease transferred to the l	essee with a remaining term of 35 years or	
2. Was the property used exclusively and solely for rental housing and related fact 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do not exceed the limits provided is attached will be provided within days will be p	by section 50093 of the He		
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 corporation welfare Exemption provided by section 214 of the Revenue and Taxation b. Public housing authority or public agency. 			
c. Limited partnership in which the managing general partner has received a (3) of the Internal Revenue Code. If this box is checked, copies of the det of Limited Partnership (LP-1), including any amendments (LP-2), showing are attached will be submitted by the lessee. The exemption ca	ermination letter, the limited endorsement by the Secre	partnership agreement, and the Certificate tary of State	
Whom should we contact during normal busin	ess hours for additiona	al information?	
NAME		TITLE	
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFICA	TION		
I certify (or declare) under penalty of perjury under the laws of the State of C accompanying statements or documents, is true, correct, an			
SIGNATURE OF PERSON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

