EF-236-R07-0519-34000478-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

USED EXCLUSIVELY AND SOLELY	
FOR LOW-INCOME HOUSING	

NAME AND MAILING ADDRESS				
(Make necessary corrections to the printed n	ame and mailing address)	٦	FOR ASSESSOR'S USE ONLY	
			Received by	(Assessor's designee)
			Of(county or city	on
L				
AME OF ORGANIZATION				
AILING ADDRESS (number and street)			CITY, STATE, ZIP COL	DE
DRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)			ASSESSOR'S PARCEL NUMBER	
. Was the property leased to the lessee fo more? (The Assessor may require a copy YES NO	· ·	e, or was the lea	ase transferred to the les	see with a remaining term of 35 years o
Was the property used exclusively and s 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' income			·	
is attached will be provided The exemption cannot be allowed without	within days	will be provid	ed by the lessee (if this o	claim is filed by the lessor).
. The property is leased and operated by a a. Religious, hospital, scientific, or ch Welfare Exemption provided by see b. Public housing authority or public a	naritable fund, foundation, or ction 214 of the Revenue an			d, the lessee must file and qualify for th tion claim to be allowed.
c. Limited partnership in which the management (3) of the Internal Revenue Code. I of Limited Partnership (LP-1), inclu	anaging general partner has f this box is checked, copies	s of the determing), showing end	nation letter, the limited p orsement by the Secreta	
Whom should	we contact during norn	nal business	hours for additional	information?
NAME				TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS			
		RTIFICATIO		
I certify (or declare) under penalty of per accompanying stateme	rjury under the laws of the nts or documents, is true, o			
SIGNATURE OF PERSON MAKING CLAIM				TITLE
NAME OF PERSON MAKING CLAIM				DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

