EF-236-R06-0512-39000658-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemptions: (209) 468-2646 https://www.sjgov.org/department/assessor

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

would criter 2011 2012.)						
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)						
Ė ,	7	FOR ASSESSOR'S USE ONLY				
		Rece	eived by	(4)		
				(Assessor's desi	gnee)	
		of	(county or city)	on	(date)	
L						
NAME OF ORGANIZATION						
MAILING ADDRESS (number and street)			CITY, STATE, ZIP CC	DDE		
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, cit			ASSESSOR'S PARCEL NUMBER		OR'S PARCEL NUMBER	
Was the property leased to the lessee for more? (The Assessor may require a copy YES NO Was the property used exclusively and so	of the lease be submitted.)					
50093 of the Health and Safety Code?						
YES NO						
An affidavit affirming that the tenants' inco	omes do not exceed the limits pro	vided by sect	ion 50093 of the Hea	alth and Safety Co	ode:	
is attached will be provided	within days	l be provided	by the lessee (if this	claim is filed by t	he 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 ch Welfare Exemption provided by sec	·					
b. Public housing authority or public a						
c. Limited partnership in which the ma (3) of the Internal Revenue Code. In of Limited Partnership (LP-1), inclu-	f this box is checked, copies of the	ne determinati	on letter, the limited	partnership agree	, ,	
are attached will be subm	nitted by the lessee. The exemption	on cannot be	allowed without thes	se documents.		
Whom should	we contact during normal b	ousiness ho	urs for additiona	I information?		
NAME				TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS					
()						
	CERTIF	ICATION				
, , ,	jury under the laws of the State nts or documents, is true, corre					
SIGNATURE OF PERSON MAKING CLAIM				TITLE		
NAME OF PERSON MAKING CLAIM				DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

