EF-236-R07-0519-39000196-1 BOE-236 REV. 07 (05-19)

EYEMPTION OF I EASED DEODEDTY



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

EXEMITION OF LEASED PROPERTY
USED EXCLUSIVELY AND SOLELY
FOR LOW-INCOME HOUSING

This claim is filed for fiscal year 20(Example: a person filing a timely claim in						
NAME AND MAILING ADDRESS (Make necessary corrections to the printed no	FOR ASSESSOR'S USE ONLY					
		Red	ceived by	(Assesso	or's designee)	
		of _	(county or city)	on _	(date)	
L	_					
NAME OF ORGANIZATION						
MAILING ADDRESS (number and street)		С	ITY, STATE, ZIP COD	ÞΕ		
ADDRESS OF PROPERTY FOR WHICH THE EX	RESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)				ASSESSOR'S PARCEL NUMBER	
Was the property leased to the lessee for more? (The Assessor may require a copy YES NO		ease tra	nsferred to the les	see with a rem	naining term of 35 years or	
2. Was the property used exclusively and so 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' inco is attached will be provided to the exemption cannot be allowed without.	mes do not exceed the limits provided by within days will be prov	section		th and Safety (Code:	
Welfare Exemption provided by second b. Public housing authority or public as c. Limited partnership in which the material (3) of the Internal Revenue Code. If of Limited Partnership (LP-1), include	aritable fund, foundation, or corporation. ction 214 of the Revenue and Taxation Co	etermina nination	der for this exempti ation that it is a cha letter, the limited pa ent by the Secretal	ion claim to be aritable organiz artnership agre ry of State	e allowed.	
	we contact during normal busines				?	
NAME			5 101 uuulli 611ul	TITLE	·	
DAYTIME TELEPHONE	EMAIL ADDRESS					
()	OF DETICION TO					
I certify (or declare) under penalty of per	jury under the laws of the State of Calinats or documents, is true, correct, and of	ornia th				
SIGNATURE OF PERSON MAKING CLAIM			<u> </u>	TITLE		
NAME OF PERSON MAKING CLAIM				DATE		