EF-236-R07-0519-40000146-1 BOE-236 REV. 07 (05-19)

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



San Luis Obispo County Assessor County Government Center 1055 Monterey Street, Suite D360

San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641 Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

Office of Tom J. Bordonaro, Jr.

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)	_	FOR ASSESSOR'S USE ONLY		
Г	٦			
		Received by	(Assessor's designee)	
		of	(
		(county or city)	on	
L				
AME OF ORGANIZATION				
AILING ADDRESS (number and street)		CITY, STATE, ZIP CODE		
DDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (numb	er and street, city)	ASSESSOR'S PARCEL NUMBER	
Was the property leased to the lessee for a term of 35 years or mor more? (The Assessor may require a copy of the lease be submitted.) YES NO		ase transferred to the lessee	with a remaining term of 35 years o	
Was the property used exclusively and solely for rental housing and 50093 of the Health and Safety Code? YES NO	related facilitie	s for tenants who are persons	s of low income as defined in sectio	
An affidavit affirming that the tenants' incomes do not exceed the limit	ts provided by	section 50093 of the Health ar	nd Safety Code:	
is attached will be provided within days	will be provi	ded by the lessee (if this claim	is filed by the lessor).	
The exemption cannot be allowed without the income affidavit.	_			
The property is leased and operated by a (check one):				
a. Religious, hospital, scientific, or charitable fund, foundation, o Welfare Exemption provided by section 214 of the Revenue ar b. Public housing authority or public agency.				
c. Limited partnership in which the managing general partner ha (3) of the Internal Revenue Code. If this box is checked, copie of Limited Partnership (LP-1), including any amendments (LP- are attached will be submitted by the lessee. The ex	s of the determ 2), showing en	ination letter, the limited partne dorsement by the Secretary of	ership agreement, and the Certificat State	
Whom should we contact during nor	mal busines:	hours for additional info	ormation?	
NAME			TITLE	
DAYTIME TELEPHONE EMAIL ADDRESS				
CE	RTIFICATIO	N		
certify (or declare) under penalty of perjury under the laws of the accompanying statements or documents, is true,				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		
NAME OF PERSON MAKING CLAIM		DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

