

MARK CHURCH

Assessor - County Clerk - Recorder 555 County Center

Redwood Ćity, CA 94063 P 650.363.4500 F 650.599.7435 email: assessor@smcacre.gov web: www.smcacre.gov

EXCLUSIVELY FOR LOW-INCOME HOUSING	į
This claim is filed for fiscal year 20 20	
(Example: a person filing a timely claim in January 2011	

EXEMPTION OF LEASED PROPERTY USED

would enter "2011-2012.")			
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Г		FOR ASSESSOR'S USE ONLY	
	Red	eived by	
		(A	Assessor's designee)
	of _		on
		(county or city)	(date)
NAME OF ORGANIZATION			
MAILING ADDRESS (number and street)		CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and s	treet, city)		ASSESSOR'S PARCEL NUMBER
 1. Was the property leased to the lessee for a term of 35 years or more, or wa more? (The Assessor may require a copy of the lease be submitted.) YES NO 	as the leas	e transferred to the lessee v	with a remaining term of 35 years or
 2. Was the property used exclusively and solely for rental housing and related 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do not exceed the limits provious is attached will be provided within days will be The exemption cannot be allowed without the income affidavit. 	ided by sec		d Safety Code:
 3. The property is leased and operated by a (check one): a. Religious, hospital, scientific, or charitable fund, foundation, or corpo Welfare Exemption provided by section 214 of the Revenue and Taxa b. Public housing authority or public agency. 			
 c. Limited partnership in which the managing general partner has received (3) of the Internal Revenue Code. If this box is checked, copies of the of Limited Partnership (LP-1), including any amendments (LP-2), show are attached will be submitted by the lessee. The exemption 	determina wing endor	tion letter, the limited partne sement by the Secretary of	ership agreement, and the Certificate State
Whom should we contact during normal bu	isiness h	ours for additional info	rmation?
NAME			TITLE
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFI	CATION		

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE		
NAME OF PERSON MAKING CLAIM	DATE		
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION			