EF-236-R06-0512-45000756-1 BOE-236 REV. 06 (05-12)

## **EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING**



**LESLIE MORGAN ASSESSOR-RECORDER** 

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636

Intra\_County toll free: 1(800)479-8009

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		
	Rece	eived by	
	(Assessor's designee)		
	of	(county or city)	ON(date)
L			
NAME OF ORGANIZATION			
MAILING ADDRESS (number and direct)		CITY STATE ZID CODE	
MAILING ADDRESS (number and street)		CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street,	city)		ASSESSOR'S PARCEL NUMBER
Was the property leased to the lessee for a term of 35 years or more, or was the more? (The Assessor may require a copy of the lease be submitted.)  YES NO	e lease	transferred to the lessee v	with a remaining term of 35 years or
Was the property used exclusively and solely for rental housing and related fac 50093 of the Health and Safety Code?  YES  NO	lities for	r tenants who are persons	of low income as defined in section
An affidavit affirming that the tenants' incomes do not exceed the limits provided	by secti	ion 50093 of the Health an	d Safety Code:
is attached will be provided within days will be provided within days	ovided	by the lessee (if this claim	is filed by the 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 charitable fund, foundation, or corporation Welfare Exemption provided by section 214 of the Revenue and Taxation			• •
b. Public housing authority or public agency.			
c. Limited partnership in which the managing general partner has received a (3) of the Internal Revenue Code. If this box is checked, copies of the dete of Limited Partnership (LP-1), including any amendments (LP-2), showing are attached will be submitted by the lessee. The exemption can	erminati endors	on letter, the limited partne ement by the Secretary of	rship agreement, and the Certificate State
Whom should we contact during normal busin	ess ho	urs for additional info	rmation?
NAME			TITLE
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFICAT	ION		
I certify (or declare) under penalty of perjury under the laws of the State of C accompanying statements or documents, is true, correct, an			
SIGNATURE OF PERSON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

