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Don H. Gaekle **Stanislaus County Assessor** 1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

EXEMPTION OF LEASED PROPERTY USED
EXCLUSIVELY FOR LOW-INCOME HOUSING

- 20 This claim is filed for fiscal year 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
	Received by
	of on (date)
NAME OF ORGANIZATION	
MAILING ADDRESS (number and street)	CITY, STATE, ZIP CODE
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and stree	et, city) ASSESSOR'S PARCEL NUMBER
<ul> <li>1. Was the property leased to the lessee for a term of 35 years or more, or was more? (The Assessor may require a copy of the lease be submitted.)</li> <li>YES NO</li> </ul>	the lease transferred to the lessee with a remaining term of 35 years or
<ul> <li>2. Was the property used exclusively and solely for rental housing and related fa 50093 of the Health and Safety Code?</li> <li>YES NO</li> <li>An affidavit affirming that the tenants' incomes do not exceed the limits provide</li> <li>is attached will be provided within days will be provided without the income affidavit.</li> </ul>	
<ul> <li>3. The property is leased and operated by a (check one):</li> <li>a. Religious, hospital, scientific, or charitable fund, foundation, or corporative Welfare Exemption provided by section 214 of the Revenue and Taxation</li> <li>b. Public housing authority or public agency.</li> </ul>	
<ul> <li>c. Limited partnership in which the managing general partner has received</li> <li>(3) of the Internal Revenue Code. If this box is checked, copies of the de of Limited Partnership (LP-1), including any amendments (LP-2), showin</li> <li>are attached will be submitted by the lessee. The exemption can be applied on the submitted by the lessee.</li> </ul>	etermination letter, the limited partnership agreement, and the Certificate ig endorsement by the Secretary of State
Whom should we contact during normal busi	ness hours for additional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	

## CERTIFICATION

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
AME OF PERSON MAKING CLAIM	DATE

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

