

KATHY SCRIVEN SUTTER COUNTY ASSESSOR

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EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING

This claim is filed for fiscal year 20 _____- 20 _____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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	(county or city)	ON	
L		(county of only)	(batc)	
NAME OF ORGANIZATION				
MAILING ADDRESS (number and street)		CITY, STATE, ZIP COD	E	
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, o more? (The Assessor may require a copy of the lease be submitted.) YES NO Was the property used exclusively and solely for rental housing and relations of the Health and Safety Code? YES NO 				
An affidavit affirming that the tenants' incomes do not exceed the limits p	provided by sect	ion 50093 of the Healf	th and Safety Code:	
	-		laim 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 co	prporation. Note	: if this box is checked	d, the lessee must file and qualify for the	
Welfare Exemption provided by section 214 of the Revenue and T	axation Code ir	order for this exempt	ion claim to be allowed.	
b. Public housing authority or public agency.				
 c. Limited partnership in which the managing general partner has re (3) of the Internal Revenue Code. If this box is checked, copies of of Limited Partnership (LP-1), including any amendments (LP-2), are attached will be submitted by the lessee. The exemption 	the determinati the determinati	on letter, the limited pa ement by the Secreta	artnership agreement, and the Certificate ry of State	
Whom should we contact during normal	l business ho	ours for additional	information?	
NAME			TITLE	
DAYTIME TELEPHONE EMAIL ADDRESS				
CERT	IFICATION			
I certify (or declare) under penalty of perjury under the laws of the Sta accompanying statements or documents, is true, con				
SIGNATURE OF PERSON MAKING CLAIM			TITLE	
NAME OF PERSON MAKING CLAIM			DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

