EF-236-R06-0512-06000460-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

Arnold Gross Jr.

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

Would Cittor 2011 2012.		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ACCESSORIS HEE ONLY	
Γ -	FOR ASSESSOR'S USE ONLY	
	Received by	(Assessor's designee)
	of	On
	(county or city)	(date)
	J	
NAME OF ORGANIZATION		
MAILING ADDRESS (number and street)	CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and stree	t, city)	ASSESSOR'S PARCEL NUMBER
Was the property leased to the lessee for a term of 35 years or more, or was t 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 related fac		
50093 of the Health and Safety Code?	clilles for teriants who are perso	its of low income as defined in section
YES NO		
An affidavit affirming that the tenants' incomes do not exceed the limits provided	by section 50093 of the Health	and Safety Code:
is attached will be provided within days will be p	provided by the lessee (if this clai	m is filed by the lessor).
The exemption cannot be allowed without the income affidavit.		
2. The property is legaced and energeted by a (about one):		
 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 (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), showing are attached will be submitted by the lessee. The exemption ca	termination letter, the limited part g endorsement by the Secretary	enership agreement, and the Certificate of State
Whom should we contact during normal busing	ness hours for additional in	formation?
NAME		TITLE
DAYTIME TELEPHONE EMAIL ADDRESS		
CERTIFICA	TION	
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	TII	TE
NAME OF PERSON MAKING CLAIM	DA	TE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

