

Joaquín Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

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.")

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MAILING ADDRESS (number and street) CITY, STATE, ZIP CODE ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, etty) ASSESSOR'S PARCEL NUMBER 1. Was the property leased to the lessee for a term of 35 years or more, or was the lease transferred to the lessee with a remaining term of 35 years more? (The Assessor may require a copy of the lease be submitted.) YES YES NO 2. Was the property used exclusively and solely for rental housing and related facilities for tenants who are persons of low income as defined in section 50093 of the Health and Safety Code? 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	L			(county of city)		(date)	
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

