EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY AND SOLELY FOR LOW-INCOME HOUSING



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Г	name and mailing address) T FOR ASS			ASSESS	SESSOR'S USE ONLY	
			Received by		(Assessor's designee)	
			- 4			
			of(county or	city)	ON	
L						
NAME OF ORGANIZATION						
MAILING ADDRESS (number and street)			CITY, STATE, ZIP (CODE		
ADDRESS OF PROPERTY FOR WHICH THE EX	XEMPTION IS CLAIMED (number	and street, city)			ASSESSOR'S PARCEL NUMBE	
1. Was the property leased to the lessee for more? (The Assessor may require a cop YES NO		or was the lea	se transferred to the	lessee wit	h a remaining term of 35 yea	
		provided by se		ealth and S	Safety Code:	
The exemption cannot be allowed without	it the income affidavit.					
3. The property is leased and operated by a	a (check one):	corporation. No	te: if this box is chee	cked, the le	essee must file and qualify fo	
3. The property is leased and operated by a a. Religious, hospital, scientific, or cl Welfare Exemption provided by se	a (check one): haritable fund, foundation, or o ection 214 of the Revenue and					
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