EF-236-R06-0512-33000730-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Larry W. Ward **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

_ - 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	(county or city)	on
NAME OF ORGANIZATION			
MAILING ADDRESS (number and street)		CITY, STATE, ZIP COI	DE
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street,	S OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)		
Was the property leased to the lessee for a term of 35 years or more, or was the more? (The Assessor may require a copy of the lease be submitted.) YES NO	e lease	transferred to the les	ssee with a remaining term of 35 years or
2. Was the property used exclusively and solely for rental housing and related faci 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do not exceed the limits provided is attached will be provided within days will be provided within affidavit.	by secti	on 50093 of the Heal	
 3. 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 a (3) of the Internal Revenue Code. If this box is checked, copies of the dete of Limited Partnership (LP-1), including any amendments (LP-2), showing are attached will be submitted by the lessee. The exemption car 	Code in determermination endorse	order for this exemption ination that it is a character on letter, the limited perment by the Secreta	aritable organization under section 501(c) artnership agreement, and the Certificate ry of State
Whom should we contact during normal busine	ess ho	urs for additional	information?
NAME			TITLE
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFICAT	ION		
I certify (or declare) under penalty of perjury under the laws of the State of Ca accompanying statements or documents, is true, correct, and			
SIGNATURE OF PERSON MAKING CLAIM	-		TITLE
NAME OF PERSON MAKING CLAIM			DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

