EF-236-R07-0519-33000428-1 BOE-236 REV. 07 (05-19)

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



Peter Aldana **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890

DATE

I OIL LOW-	NOOME HOOSING			www.nvcoacr.	org
	filed for fiscal year 20 erson filing a timely claim i	20 n_January_2011 would enter '	'2011-2012.")		
	AND MAILING ADDRESS	I name and mailing address)			
(Make	e necessary corrections to the printed	u name and mailing address)	٦	FOR ASSESSOR'S USE ONLY	
				Received by	(Assessor's designee)
				of	on
				(county or city)	(date)
L					
NAME OF ORGA	ANIZATION				
MAILING ADDR	ESS (number and street)			CITY, STATE, ZIP CODE	
ADDRESS OF F	ROPERTY FOR WHICH THE E	EXEMPTION IS CLAIMED (number	er and street, city)		ASSESSOR'S PARCEL NUMBER
An affidavit a is attact. The exempt 3. The propert welfa b. Public (3) of of Lin	will be provided on cannot be allowed without y is leased and operated by ous, hospital, scientific, or one Exemption provided by so chousing authority or publiced partnership in which the out the Internal Revenue Code inted Partnership (LP-1), income attached will be subtracted.	a (check one): charitable fund, foundation, or ection 214 of the Revenue an agency. managing general partner has If this box is checked, copies luding any amendments (LP-2 mitted by the lessee. The exe	will be provided corporation. Note that a received a determination of the determination cannot be considered to the control of the determination cannot be considered to the determination of the determination cannot be considered to the determination of the dete	ote: if this box is checked, the in order for this exemption ermination that it is a charital nation letter, the limited partnersement by the Secretary of the allowed without these documents.	n is filed by the lessor). The lessee must file and qualify for the claim to be allowed. The organization under section 501(c) ership agreement, and the Certificate of State cuments.
	Whom should	d we contact during norn	nal business	hours for additional info	
NAME					TITLE
DAYTIME TELEF	HONE	EMAIL ADDRESS			1
()		CEF	RTIFICATION	<u> </u>	
I certify (or a			State of Califor	nia that the foregoing and	all information hereon, including an
SIGNATURE OF	PERSON MAKING CLAIM	one or accuments, is true, t	Jorroot, and cor	TIPLE TO THE BEST OF THE KITCH	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



NAME OF PERSON MAKING CLAIM