EF-236-R07-0519-33000129-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY AND SOLELY



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

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

TITLE

DATE

This claim is filed for fiscal year 20 20	FOR LOW-INCOME HOUSING		ONTY CLER	www.rivcoacr.org
FOR ASSESSOR'S USE ONLY			-2012.")	
Received by				
NAME OF ORGANIZATION MALING ADDRESS (number and street) ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city) ASSESSOR'S PARCEL NUMBER 1. Was the property leased to the leasee for a term of 35 years or more, or was the lease transferred to the leasee with a remaining term of 35 years or more? (The Assessor may require a copy of the lease be submitted.) 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 days will be provided by the lessee (if this claim is filed by the lessor). The exemption cannot be allowed without the income affidavit. 3. The property is leased and operated by a (check one): A Religious, hospital, scientific, or charitable fund, foundation, or corporation. Note: if this box is checked, the lessee must file and qualify for the Welfare Exemption claim to be allowed. D Public housing authority or public agency. C Limited partnership in which the managing general partner has received a determination that it is a charitable organization under section 501(c) (3) of the Internal Revenue Code. If this box is checked, copies of the determination letter, the limited partnership agreement, and the Certificate of Limited Partnership in which the box is checked, copies of the determination letter, the limited partnership agreement, and the Certificate of Limited Partnership will be submitted by the lessee. The exemption cannot be allowed without these documents. Whom should we contact during normal business hours for additional information? TILE DAYTIME TELEPHONE EMAIL ADDRESS	(Make necessary corrections to the printed nar	ne and mailing address)	┐	FOR ASSESSOR'S USE ONLY
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM