EF-236-R07-0519-34000557-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

USED EXCLUSIVELY AND SOLELY FOR LOW-INCOME HOUSING

NAME AND MAILING ADDRESS (Make necessary corrections to the printed					
ı	d name and mailing address)		FOR AS	FOR ASSESSOR'S USE ONLY	
			Received by		
			-	(Assessor's designee)	
			of(county or city,	on	
L		٦			
NAME OF ORGANIZATION					
MAILING ADDRESS (number and street)			CITY, STATE, ZIP COD	E	
ADDRESS OF PROPERTY FOR WHICH THE E	XEMPTION IS CLAIMED (numb	er and street, city)		ASSESSOR'S PARCEL NUMBER	
Was the property leased to the lessee for more? (The Assessor may require a cop YES NO	•		se transferred to the les	see with a remaining term of 35 years o	
2. Was the property used exclusively and a 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' income			·		
is attached will be provided	d within days	will be provide	ed by the lessee (if this c	laim is filed by the lessor).	
The exemption cannot be allowed without	ut the income affidavit.				
3. The property is leased and operated by	a (check one):				
Welfare Exemption provided by se	charitable fund, foundation, o ection 214 of the Revenue ar			d, the lessee must file and qualify for the ion claim to be allowed.	
a. Religious, hospital, scientific, or c Welfare Exemption provided by se b. Public housing authority or public c. Limited partnership in which the n	charitable fund, foundation, o ection 214 of the Revenue ar agency. managing general partner ha If this box is checked, copie	nd Taxation Code s received a determines	e in order for this exempt ermination that it is a cha ation letter, the limited p	ion claim to be allowed. ritable organization under section 501(c artnership agreement, and the Certificate	
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