EF-236-R06-0512-49000886-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING

Sonoma County Clerk-Recorder-Assessor Rm 104 Fiscal Bldg

585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

William F Rousseau

FAX: (707) 565-3318 FAX: (707) 565-3317

_ - 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			
1		1	TORAGGEO	JON O GOL GIVE!	_
		Rece	ived by	(Assessor's designee)	_
		of		on	
			(county or city)	(date)	
L					
NAME OF ORGANIZATION					
MAILING ADDRESS (number and street)			CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)				ASSESSOR'S PARCEL NUM	IBER
Was the property leased to the lessee for more? (The Assessor may require a copy YES NO	•	was the lease	transferred to the less	ee with a remaining term of 35 y	ears or
2. Was the property used exclusively and s 50093 of the Health and Safety Code?	solely for rental housing and rela	ted facilities for	tenants who are pers	ons of low income as defined in	section
YES NO					
An affidavit affirming that the tenants' inco	omes do not exceed the limits pr	ovided by secti	on 50093 of the Health	and Safety Code:	
is attached will be provided	within days w	ill be provided	by the lessee (if this cla	aim is filed by the lessor).	
The exemption cannot be allowed withou	t the income affidavit.				
The annual time beautiful and an arched by	- (-la - ela - ea - e)				
 The property is leased and operated by a a. Religious, hospital, scientific, or ch 	·	noration Note	if this hov is checked	the lessee must file and qualify	for the
Welfare Exemption provided by se		•		· · ·	ioi tile
b. Public housing authority or public a	agency.				
c. Limited partnership in which the m	anaging general partner has rec	eived a determ	ination that it is a char	itable organization under section	501(c)
(3) of the Internal Revenue Code.				· -	rtificate
of Limited Partnership (LP-1), inclu		_	-		
	mitted by the lessee. The exemp				
	we contact during normal	business ho	urs for additional in	1	
NAME				TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS				
()	OFDI	FIGATION			
I a wife (and a land) we do not a solition for		FICATION	that the favorious or		-1:
I certify (or declare) under penalty of peaccompanying stateme	rjury under the laws of the Statents or documents, is true, corr				มกg any
SIGNATURE OF PERSON MAKING CLAIM		<u> </u>		ITLE	
NAME OF PERSON MAKING CLAIM				DATE	
				/ N. E.	
					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

