EF-236-R06-0512-56000751-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Keith Taylor Assessor Of Ventura County

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.venturacounty.gov

This claim is filed for fiscal year 20 ____ - 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		
	Rece	ived by		
	Received by(Assessor's designee)			
	of	((()	on	
		(county or city)	(date)	
NAME OF ORGANIZATION				
MAILING ADDRESS (number and street)		CITY, STATE, ZIP COL	DE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)			ASSESSOR'S PARCEL NUMBER	
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 facili 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do not exceed the limits provided limits attached will be provided within days will be provided within attached. The exemption cannot be allowed without the income affidavit. 3. The property is leased and operated by a (check one):	oy secti	on 50093 of the Heal		
a. Religious, hospital, scientific, or charitable fund, foundation, or corporation Welfare Exemption provided by section 214 of the Revenue and Taxation 0 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 can	rmination endors on the second	on letter, the limited perment by the Secreta	partnership agreement, and the Certificate ary of State e documents.	
Whom should we contact during normal busine	ess ho	urs for additional		
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



EF-236-R06-0512-560007