EF-236-R06-0512-56000717-1 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		
	Received by		
	(Assessor's designee)		
	of	On	(date)
NAME OF ORGANIZATION			
MAILING ADDRESS (number and street)		CITY, STATE, ZIP CODE	
DDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)		ASSESS	OR'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 lessee with a rema	ining term of 35 years or
2. Was the property used exclusively and solely for rental housing and related fac 50093 of the Health and Safety Code?	ilities fo	r tenants who are persons of low inco	me as defined in section
YES NO An affidavit affirming that the tenants' incomes do not exceed the limits provided	by sect	ion 50093 of the Health and Safety Co	de:
	-	by the lessee (if this claim is filed by the	
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 corporatio Welfare Exemption provided by section 214 of the Revenue and Taxation			
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			ment, and the definioate
are attached will be submitted by the lessee. The exemption can	not be	allowed without these documents.	
Whom should we contact during normal busin	ess ho	ours for additional information?	
NAME		TITLE	
DAYTIME TELEPHONE EMAIL ADDRESS			
()	TION		
I certify (or declare) under penalty of perjury under the laws of the State of Co		a that the foregoing and all information	on hereon, including any
accompanying statements or documents, is true, correct, an			
SIGNATURE OF PERSON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

