EF-236-R06-0512-13000451-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Robert Menvielle Imperial County Assessor 940 W. Main Street Suite 115

El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

- 20 This claim is filed for fiscal year 20 _ (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

Would Citter 2011 2012.)				
NAME AND MAILING ADDRESS (Make necessary corrections to the printed r	name and mailing address)			
[main necessary corrections to the printed name and maining decises)		FOR ASSESSOR'S USE ONLY		
		Received by		
		Received by	Assessor's designee)	
		of(county or city)	on	
ı		(County or City)	(date)	
MAILING ADDRESS (number and street) ADDRESS OF PROPERTY FOR WHICH THE EX	EMPTION IS CLAIMED (number and str	CITY, STATE, ZIP CODE	ASSESSOR'S PARCEL NUMBER	
ADDICES OF THE EXTENSION WHICH THE EX	ENIT HON IS CEALWILD (Humber and say	eet, city)	AGESSING TANGE NOMBER	
I. Was the property leased to the lessee for more? (The Assessor may require a copy YES NO NO Was the property used exclusively and so to 50093 of the Health and Safety Code?	of the lease be submitted.)			
YES NO				
An affidavit affirming that the tenants' inco	omes do not exceed the limits provid	ed by section 50093 of the Health ar	nd Safety Code:	
is attached will be provided. The exemption cannot be allowed without		e provided by the lessee (if this claim	is filed by the lessor).	
3. The property is leased and operated by a	(check one):			
	ction 214 of the Revenue and Taxati	ation. Note: if this box is checked, the on Code in order for this exemption of		
b. Public housing authority or public a	gency.			
• •	f this box is checked, copies of the c		ership agreement, and the Certificate	
		cannot be allowed without these doc		
	we contact during normal bus	siness hours for additional info	1	
NAME			TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS			
()				
	CERTIFIC	ATION		
I certify (or declare) under penalty of per accompanying statemen	•	f California that the foregoing and a and complete to the best of my kn		
SIGNATURE OF PERSON MAKING CLAIM		TITLI	TITLE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

DATE



NAME OF PERSON MAKING CLAIM