EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY AND SOLELY FOR LOW-INCOME HOUSING



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

	printed name and mailing address)	ress)		
		Descined	h	
		Received	DY(Assesso	r's designee)
		of	(county or city)	(date)
L				()
AILING ADDRESS (number and street)			TE, ZIP CODE	
DDRESS OF PROPERTY FOR WHICH T	THE EXEMPTION IS CLAIMED (number	er and street, city)	ASSES	SOR'S PARCEL NUMBER
. Was the property leased to the less	see for a term of 35 year <u>s o</u> r more	e, or was the lease transferre	d to the lessee with a rem	aining term of 35 year
more? (The Assessor may require a	a copy of the lease be submitted.)			
YES NO				
. Was the property used <mark>exclusively</mark> a	and solely for rental housing and	related facilities for tenants	who are persons of low inc	come as defined in sec
50093 of the Health and Safety Cod		related facilities for terrarits	vito are persons or low inc	Some as defined in sec
An affidavit affirming that the tenants	s' incomes do not exceed the limit	ts provided by section 50093	of the Health and Safety (Code:
is attached will be prov	vided within days	will be provided by the less	see (if this claim is filed by	the lessor).
The exemption cannot be allowed w	vithout the income affidavit.			,
. The property is leased and operated	• • • •			
	, or charitable fund, foundation, or by section 214 <mark>of</mark> the Reve <mark>nu</mark> e an			
b. Public housing authority or pu				
c. Limited partnership in which t	the managing general partner has	received a determination the	at it is a charitable organiz	ation under section 50
	code. If this box is checked, copies			
of Limited Partnershin (LP-1)		showing endorsement by t	-	
	, including any amendments (LP-2			
	n, including any amendments (LP-2 e submitted by the lessee. The exe		thout these documents.	
are attached will be Whom she		emption cannot be allowed w	dditional information	?
are attached will be	e submitted by the lessee. The exe	emption cannot be allowed w		?
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are attached will be Whom she NAME DAYTIME TELEPHONE ()	e submitted by the lessee. The exe ould we contact during norr EMAIL ADDRESS	emption cannot be allowed w nal business hours for a RTIFICATION		
are attached will be Whom she NAME DAYTIME TELEPHONE () I certify (or declare) under penalty of	e submitted by the lessee. The exe ould we contact during norr EMAIL ADDRESS	emption cannot be allowed w nal business hours for a RTIFICATION State of California that the	dditional information	tion hereon, including
are attached will be Whom she NAME DAYTIME TELEPHONE () I certify (or declare) under penalty of	E submitted by the lessee. The exe ould we contact during norr EMAIL ADDRESS CEI of perjury under the laws of the	emption cannot be allowed w nal business hours for a RTIFICATION State of California that the	dditional information	tion hereon, including
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