EF-236-R06-0512-36000249-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Assessor-Recorder-County Clerk County of San Bernardino

Josie Gonzales

Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

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

| NAME AND MAILING ADDRESS | | | |
|---|---|--|---|
| (Make necessary corrections to the printed | name and mailing address) | ¬ FOR ASSE | SSOR'S USE ONLY |
| | | Received by | |
| | | | (Assessor's designee) |
| | | of(county or city) | on |
| L | | | |
| NAME OF ORGANIZATION | | | |
| MAILING ADDRESS (number and street) ADDRESS OF PROPERTY FOR WHICH THE EX | XEMPTION IS CLAIMED (number and stre | CITY, STATE, ZIP COL | DE ASSESSOR'S PARCEL NUMBER |
| | | | |
| Welfare Exemption provided by se b. Public housing authority or public a c. Limited partnership in which the m (3) of the Internal Revenue Code. | solely for rental housing and related fromes do not exceed the limits provide within days will be at the income affidavit. a (check one): haritable fund, foundation, or corporal ection 214 of the Revenue and Taxatic agency. hanaging general partner has received. | acilities for tenants who are persent by section 50093 of the Heal provided by the lessee (if this continuous forms of the con | th and Safety Code: claim is filed by the lessor). d, the lessee must file and qualify for the tion claim to be allowed. aritable organization under section 501(c) artnership agreement, and the Certificate |
| | mitted by the lessee. The exemption | | |
| | | | |
| Whom should we contact during normal business hours for addit | | | TITLE |
| | | | |
| DAYTIME TELEPHONE () | EMAIL ADDRESS | | |
| () | CERTIFIC | ATION | |
| | | | and all information hereon, including any |
| accompanying stateme | ents or documents, is true, correct, a | ana complete to the best of m | y knowledge and belief. TITLE |
| | | | |
| NAME OF PERSON MAKING CLAIM | | | DATE |
| TIL | IS DOCUMENT IS SUBJECT | TO BURLIC INCRECTIO | AN . |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

