EF-236-R07-0519-39000273-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED DEODEDTY



Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemption Section: (209) 468-2632 www.sjgov.org/assessor_recorder

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

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
'	I OKAGOLOGIKO GOL GREI
	Received by(Assessor's designee)
	of on
	(county or city) (date)
_	
NAME OF ORGANIZATION	
MAILING ADDRESS (number and street)	CITY, STATE, ZIP CODE
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and s	treet, city) ASSESSOR'S PARCEL NUMBER
The exemption cannot be allowed without the income affidavit. 3. The property is leased and operated by a (check one):	d facilities for tenants who are persons of low income as defined in section ided by section 50093 of the Health and Safety Code: De provided by the lessee (if this claim is filed by the lessor).
a. Religious, hospital, scientific, or charitable fund, foundation, or corpo Welfare Exemption provided by section 214 of the Revenue and Taxa b. Public housing authority or public agency.	ration. Note: if this box is checked, the lessee must file and qualify for the ition Code in order for this exemption claim to be allowed.
	yed a determination that it is a charitable organization under section 501(c) determination letter, the limited partnership agreement, and the Certificate wing endorsement by the Secretary of State
are attached will be submitted by the lessee. The exemption	n cannot be allowed without these documents.
Whom should we contact during normal bu	usiness hours for additional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFIC	CATION
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true, correct	
SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE