EF-236-R07-0519-50000232-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY



Don H. Gaekle **Stanislaus County Assessor**

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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 ma	ailing address)	FOR ASSESSOR'S USE ONLY	
		Received by	(Assessor's designee)
		of(county or city)	on
L	٦		
NAME OF ORGANIZATION			
MAILING ADDRESS (number and street)		CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION	NIS CL <mark>AI</mark> MED (number and street, city		ASSESSOR'S PARCEL NUMBER
1. Was the property leased to the lessee for a term of more? (The Assessor may require a copy of the legal YES NO 2. Was the property used exclusively and solely for a 50093 of the Health and Safety Code? YES NO An affidavit affirming that the tenants' incomes do	ase be submitted.) rental housing and related facilitie	es for tenan <mark>ts who are perso</mark> r	ns of low income as defined in section
is attached will be provided within The exemption cannot be allowed without the inco		ded <mark>by the lessee (if this cl</mark> ain	n is fil <mark>ed</mark> by the lessor).
3. The property is leased and operated by a (check o	one):		-
a. Religious, hospital, scientific, or charitable f Welfare Exemption provided by section 214 b. Public housing authority or public agency.			
c. Limited partnership in which the managing (3) of the Internal Revenue Code. If this box of Limited Partnership (LP-1), including any are attached will be submitted by	is checked, copies of the determ	<mark>ination letter, t</mark> he <mark>lim</mark> ited partr dorsement by the Secretary o	nership agreement, and the Certificate of State
Whom should we con	tact during normal busines	hours for additional inf	formation?
NAME			TITLE
DAYTIME TELEPHONE EMAIL AD	DRESS		1
	CERTIFICATIO	N	
I certify (or declare) under penalty of perjury und accompanying statements or do			
SIGNATURE OF PERSON MAKING CLAIM	ТІТІ	.E	
NAME OF PERSON MAKING CLAIM	DAT	E	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

