EF-236-R06-0512-01000471-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Phong La ALAMEDA COUNTY ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

This claim is filed for fiscal year 20	- 20	
(Example: a person filing a timely claim	in January	201
would enter "2011-2012.")		

NAME AND MAILING ADDRESS	
(Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY
	Received by
	(Assessor's designee)
	of on (county or city)
L	_
NAME OF ORGANIZATION	
MAILING ADDRESS (number and street) ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street)	CITY, STATE, ZIP CODE eet, city) ASSESSOR'S PARCEL NUMBER
1. Was the property leased to the lessee for a term of 35 years or more, or was	the lease transferred to the lessee with a remaining term of 35 years or
more? (The Assessor may require a copy of the lease be submitted.)	
YES NO	
2. Was the property used exclusively and solely for rental housing and related f	acilities for tenants who are persons of low income as defined in section
50093 of the Health and Safety Code?	
YES NO	
An affidavit affirming that the tenants' incomes do not exceed the limits provid	ed by section 50093 of the Health and Safety Code:
is attached will be provided within days will be	provided by the lessee (if this claim is filed by the lessor).
The exemption cannot be allowed without the income affidavit.	
3. The property is leased and operated by a (check one):	
a. Religious, hospital, scientific, or charitable fund, foundation, or corpora Welfare Exemption provided by section 214 of the Revenue and Taxation	
b. Public housing authority or public agency.	-
	etermination letter, the limited partnership agreement, and the Certificate
of Limited Partnership (LP-1), including any amendments (LP-2), showing are attached will be submitted by the lessee. The exemption	
Whom should we contact during normal bus	
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFIC	
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true, correct,	and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

