EF-236-R07-0519-09000233-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY AND SOLELY



EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN.

TITLE

PLACERVILLE, CA 95667 TEL. 530-621-5739

FOR LOW-INCOME HOUSING	- Addison	
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "20"	011-2012.")	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY
		Received by(Assessor's designee)
L	_	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 of	and street, city)	ASSESSOR'S PARCEL NUMBER
1. Was the property leased to the lessee for a term of 35 years or more, 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 re 50093 of the Health and Safety Code?	1F	$\supset \mid F \mid$
YES NO		
An affidavit affirming that the tenants' incomes do not exceed the limits provided 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 c Welfare Exemption provided by section 214 of the Revenue and b. Public housing authority or public agency.		
c. Limited partnership in which the managing general partner has received a determination that it is a charitable organization under section 501(c) (3) of the Internal Revenue Code. If this box is checked, copies of the determination letter, the limited partnership agreement, and the Certificate		
of Limited Partnership (LP-1), including any amendments (LP-2), showing endorsement by the Secretary of State		

CERTIFICATION

EMAIL ADDRESS

will be submitted by the lessee. The exemption cannot be allowed without these documents.

Whom should we contact during normal business hours for additional information?

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any 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



are attached

NAME

DAYTIME TELEPHONE