EF-236-R07-0519-24000132-1 BOE-236 REV. 07 (05-19)

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



MERCED COUNTY MATT H. MAY, ASSESSOR

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This claim is filed for fiscal year 20 (Example: a person filing a timely claim in		er "2011-2012.")			
NAME AND MAILING ADDRESS (Make necessary corrections to the printed	I name and mailing address)	٦	FOR ASSESSOR'S USE ONLY		
			Received by		
L		_	of(county or city)	on(date)	
NAME OF ORGANIZATION					
MAILING ADDRESS (number and street)	WEARDTION COLONIES CO.		CITY, STATE, ZIP CODE	ACCESSOR'S DADCEL NUMBER	
ADDRESS OF PROPERTY FOR WHICH THE	EXEMPTION IS CLAIMED (num	pper and street, city)		ASSESSOR'S PARCEL NUMBER	
Welfare Exemption provided by some b. Public housing authority or public c. Limited partnership in which the result of Limited Partnership (LP-1), including the control of LP-1), including the control of LP-1, including t	solely for rental housing and comes do not exceed the line d within days [ut the income affidavit. a (check one): charitable fund, foundation, ection 214 of the Revenue agency. managing general partner hill. If this box is checked, copilluding any amendments (LF)	d related facilities nits provided by so will be provided or corporation. No and Taxation Code as received a determine 2-2), showing ender	for tenants who are personal ection 50093 of the Health and by the lessee (if this claim of the in order for this exemption ermination that it is a charital action letter, the limited partners.	s of low income as defined in section and Safety Code: In is filed by the lessor). The lessee must file and qualify for the claim to be allowed. The organization under section 501(c) ership agreement, and the Certificate of State	
Whom should	d we contact during no	rmal business	hours for additional info	ormation?	
NAME				TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS				
<u> </u>	CI	ERTIFICATION	I		
I certify (or declare) under penalty of po accompanying stateme			nia that the foregoing and a		
SIGNATURE OF PERSON MAKING CLAIM			TITL	E	
NAME OF PERSON MAKING CLAIM			DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

