## 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
	Received by
	(Assessor's designee)
	of on (date)
L .	J
NAME OF ORGANIZATION	
MAILING ADDRESS (number and street)	CITY, STATE, ZIP CODE
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and stre	et, city)
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.)	
2. Was the property used exclusively and solely for rental housing and related fa	acilities for tenan <mark>ts who are perso</mark> ns of low income as defined in section
50093 of the Health and Safety Code?	
An affidavit affirming that the tenants' incomes do not exceed the limits provide	
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 corporat	
Welfare Exemption provided by section 214 of the Revenue and Taxatio	in Code in order for this exemption claim to be allowed.
	a determination that it is a charitable propriation under continue 501(a)
<ul> <li>c. Limited partnership in which the managing general partner has received</li> <li>(3) of the Internal Revenue Code. If this box is checked, copies of the descent partner has received.</li> </ul>	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 of	annot be allowed without these documents.
Whom should we contact during normal bus	iness hours for additional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFIC	ATION
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true, correct, a	
SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE
THIS DOCUMENT IS SUBJECT	