EF-236-R07-0519-49000240-1 BOE-236 REV. 07 (05-19)

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



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

FAX: (707) 565-3318

TITLE

DATE

	FAX: (707) 565-3317			
This claim is filed for fiscal year 20		"2044 2042 "\		
(Example: a person filing a timely claim in Ja	anuary 2011 would enter	"2011 - 2012.")		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)				
Г		٦	FOR ASSESSOR'S USE ONLY	
			Received by	
			(Assessor's designee)	
			of(county or city)	on
		ı	(county or city)	(uate)
<u> </u>		_		
NAME OF ORGANIZATION				
MAILING ADDRESS (number and street)			CITY, STATE, ZIP CODE	
ADDRESS OF PROPERTY FOR WHICH THE EXEL	MPTION IS CLAIMED (number	er and street city)		ASSESSOR'S PARCEL NUMBER
ADDICES OF THE EATH OF WHICH THE EACH	WII TION IO CLAIMED (Nambe	er and street, city)		ACCESSOR OF A MINORE NOMBER
1 Was the preparty leaded to the leader for a	torm of 25 years or mars	a ar waa tha la	and transformed to the leader wi	th a remaining term of 25 years or
 Was the property leased to the lessee for a more? (The Assessor may require a copy of 			ase transferred to the lessee wi	in a remaining term of 35 years or
	of the lease be submitted.)			
YES NO	/ 1 /1 /		<i>-</i> / -	
2. Was the property used exclusively and solu	ely for rental housing and	related facilities	for tenants who are persons o	f low income as defined in section.
50093 of the Health and Safety Code?	ory for remainificating and	Totaled Idollilles	Tor terialite wile are persons o	now moone as defined in section
YES NO				
			TOOOS of the Use life and	Cafati Cada
An affidavit affirming that the tenants' incom				
is attached will be provided w	ithin days	will be provid	ed by the lessee (if this claim is	filed by the lessor).
The exemption cannot be allowed without the	he income affidavit.			
2 =				
3. The property is leased and operated by a (·			
a. Religious, hospital, scientific, or char				• •
Welfare Exemption provided by secti		d laxation Code	e in order for this exemption cla	m to be allowed.
b. Public housing authority or public ago	ency.			
c. Limited partnership in which the mar	naging <mark>ge</mark> neral pa <mark>rtn</mark> er h <mark>as</mark>	received a det	<mark>er</mark> mination that it <mark>is</mark> a charitable	organization under section 501(c)
(3) of the Internal Revenue Code. If t				· -
of Limited Partnership (LP-1), includi	• •	,	•	
are attached will be submit	ted by the lessee. The exe	emption cannot	be allowed without these docun	nents.
Whom should w	e contact during norr	nal business	hours for additional inforr	nation?
NAME			TI	TLE
DAYTING TELEPHONE	****** * PPPEO			
DAYTIME TELEPHONE E	MAIL ADDRESS			
1 /	CEI	RTIFICATION		
Loodify (or do place)do				information however instructions
I certify (or declare) under penalty of perju	iry unaer the laws of the	state of Califol	riia inat the foregoing and all	iriioirnation nereon, including an

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM