EF-236-R07-0519-50000101-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY



Don H. Gaekle **Stanislaus County Assessor**

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

USED EXCLUSIVELY AND SOLELY FOR LOW-INCOME HOUSING

This claim is filed for fiscal year 20 (Example: a person filing a timely claim in		"2011-2012.")				
NAME AND MAILING ADDRESS (Make necessary corrections to the printed or	٦	FOR ASSESSOR'S USE ONLY				
			Received by	(Assessor's de	signee)	
			of		oignee)	
ſ		1	(county or city	<i>'</i>)	(date)	
L		_				
NAME OF ORGANIZATION						
MAILING ADDRESS (number and street)			CITY, STATE, ZIP COL			
ADDRESS OF PROPERTY FOR WHICH THE EX	XEMPTIO <mark>N I</mark> S CL <mark>AI</mark> MED (numb	per and street, city)		ASSESSOR	'S PARCEL NUMBER	
Was the property leased to the lessee for more? (The Assessor may require a copy YES NO NO Was the property used exclusively and seconds.)	y of th e lea se be submitted.)	F		
50093 of the Health and Safety Code?						
YES NO	awaa da wat ayaa ad tha lina	ita pravidad by a	ection 50002 of the Neel	th and Cafaty Cada		
An affidavit affirming that the tenants' inc is attached will be provided The exemption cannot be allowed without	within days		ed by the lessee (if this o			
3. The property is leased and operated by a	a (check one):	_		_		
a. Religious, hospital, scientific, or cl Welfare Exemption provided by se						
b. Public housing authority or public	agency.		 /			
c. Limited partnership in which the m (3) of the Internal Revenue Code. of Limited Partnership (LP-1), inclu are attached will be subj	If this box is checked, copie	es of the determine 2), showing ender	nation letter, the <mark>lim</mark> ited p orsement by the Secreta	partnership agreeme ary of State		
Whom should	we contact during nor	mal business	hours for additional	information?		
NAME	-			TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS					
()	CE	RTIFICATION	N			
I certify (or declare) under penalty of pe	erjury under the laws of the ents or documents, is true,					
SIGNATURE OF PERSON MAKING CLAIM	, 112 12 110 110 12001 0 7 III.	TITLE				
NAME OF PERSON MAKING CLAIM				DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

