

## YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

This claim is filed for fiscal year 20 \_\_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

**EXEMPTION OF LEASED PROPERTY USED** 

**EXCLUSIVELY FOR LOW-INCOME HOUSING** 

MAILING ADDRESS (number and street)       CTY, STATE, ZIP CODE         ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)       ASSESSOR'S PARCEL NUMBER         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.)       ASSESSOR'S PARCEL NUMBER         2. Was the property used exclusively and solely for rental housing and related facilities for tenants who are persons of low income as defined in section 50093 of the Health and Safety Code?       YES         MESSOR'S PARCEL NUMBER       NO       NO         An affidavit affirming that the tenants' incomes do not exceed the limits provided by section 50093 of the Health and Safety Code:       will be provided within	would enter 2011-2012. )	
		T FOR ASSESSOR'S USE ONLY
(county or ety) (dett)       NAME OF ORGANIZATION     MAILING ADDRESS (number and Biber)  OTY. STATE ZIP CODE     ADDRESS of PROPERTY FORVHICH THE EXEMPTION IS OLAMED (number and street, city)   ASSESSOR'S PARCEL NUMBER     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 facilities for tenants who are persons of low income as defined in section 5003 of the Health and Safety Code:      an affdavit affirming that the tenants informes do not exceed the limits provided by section 5003 of the Health and Safety Code:      an affdavit affirming that the tenants informes do not exceed the limits provided by section 5003 of the Health and Safety Code:      an affdavit affirming that the tenants informes do not exceed the limits provided by section 5003 of the Health and Safety Code:      an affdavit affirming that the tenants informes do not exceed the limits provided by the lessee (if this claim is flidd by the lesser).  The exemption cannot be allowed without the informe affdavit.      3. The property is leased and operated by a (check one):      a. Religious, hospital, scientific, or charitable fund, foundation, or corporation. Note: if this box is checked, the lessee must file and qualify for the Weftare Exemption provided by section 214 of the Revenue and faxation Code in order for this exemption claim to be allowed.      b. Public housing autority or public agency:      a. Limited par		(Assessor's designee)
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MAILING ADDRESS (number and street)       ASSESSORS PARCEL NUMBER         NDDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAMED frumber and street. city)       ASSESSORS PARCEL NUMBER         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 lesse be submitted.)       ASSESSORS PARCEL NUMBER         . Was the property used exclusively and solely for rental housing and related facilities for tenants who are persons of low income as defined in section 50093 of the Health and Safety Code?       NO         2. Was the property used exclusively and solely for rental housing and related facilities for tenants who are persons of low income as defined in section 50093 of the Health and Safety Code?       NO         An affidavit affirming that the tenants incomes do not exceed the limits provided by section 50093 of the Health and Safety Code:       Is atached       Is it is atached       Is atached in provided without the income affidavit         3. The property is leased and operated by a (check one):       Is a Religious, hospital, scientlic, or charitable fund, foundation, or corporation. Note: if this box is checked, the lessee must file and qualify for the Welfare Exemption provided by section (P-2), fourding any amendments (P-2), fourding any amendments) the Secretary of State       Immediate Partnership in which the managing general partner has received a determination that it is a charitable organization under sectin 501(co d) of the Internship in which the managing ge		
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NAME OF PERSON MAKING CLAIM DATE	SIGNATURE OF PERSON MAKING CLAIM	TITLE
	NAME OF PERSON MAKING CLAIM	DATE
	THIS DOCUMENT IS SUBJEC	