EF-236-R06-0512-01000359-1 BOE-236 REV. 06 (05-12)

EXEMPTION OF LEASED PROPERTY USED EXCLUSIVELY FOR LOW-INCOME HOUSING



Phong La ALAMEDA COUNTY ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

This claim is filed for fiscal year 20	- 20 _	
(Example: a person filing a timely claim in	January	201
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 (county or city) (date)
L	
NAME OF ORGANIZATION MAILING ADDRESS (number and street) ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street,	CITY, STATE, ZIP CODE city) ASSESSOR'S PARCEL NUMBER
1. Was the property leased to the lessee for a term of 35 years or more, or was the more? (The Assessor may require a copy of the lease be submitted.) YES NO 2. Was the property used exclusively and solely for rental housing and related facing 50093 of the Health and Safety Code?	DIFI
YES NO	
An affidavit affirming that the tenants' incomes do not exceed the limits provided	by section 50093 of the Health and Safety Code:
is attached will be provided within days The exemption cannot be allowed without the income affidavit. 3. The property is leased and operated by a (check one):	ovided by the lessee (if this claim is filed by the lessor).
a. Religious, hospital, scientific, or charitable fund, foundation, or corporation Welfare Exemption provided by section 214 of the Revenue and Taxation b. Public housing authority or public agency. c. Limited partnership in which the managing general partner has received a (3) of the Internal Revenue Code. If this box is checked, copies of the dete of Limited Partnership (LP-1), including any amendments (LP-2), showing are attached will be submitted by the lessee. The exemption car	Code in order for this exemption claim to be allowed. determination that it is a charitable organization under section 501(c) ermination letter, the limited partnership agreement, and the Certificate endorsement by the Secretary of State
Whom should we contact during normal busine	ess hours for additional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFICAT	TON
I certify (or declare) under penalty of perjury under the laws of the State of Ca accompanying statements or documents, is true, correct, and	
SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

