EF-236-R07-0519-50000201-1 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	20 January 2011 would ente	r "2011-2012.")				
NAME AND MAILING ADDRESS (Make necessary corrections to the printed r	name and mailing address)	٦	FOR ASSESSOR'S USE ONLY			
			Received by	(Assessor's designe	ee)	
L		ل	of(county or city,	on	(date)	
MAILING ADDRESS (number and street) ADDRESS OF PROPERTY FOR WHICH THE EX	KEMPTION IS CLAIMED (num	ber an <mark>d st</mark> reet, city)	CITY, STATE, ZIP COL		ARCEL 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 the lease be submitted)	FI	·	
50093 of the Health and Safety Code?						
YES NO						
An affidavit affirming that the te <mark>na</mark> nts' inco	omes do not exceed the lim	nits provi <mark>ded</mark> by se	ection 50093 of the Heal	th and Safety Code:		
is attached will be provided The exemption cannot be allowed without		will be provide	ed by the lessee (if this o	claim is fil <mark>ed</mark> by the less	or).	
3. The property is leased and operated by a	a (check one):					
a. Religious, hospital, scientific, or ch Welfare Exemption provided by se b. Public housing authority or public a	ction 214 of the Revenue a					
c. Limited partnership in which the m (3) of the Internal Revenue Code. of Limited Partnership (LP-1), inclu	anaging general partner half this box is checked, copie	es of the determin	ation letter, the limited p	artnership agreement,		
are attached will be subr	mitted by the lessee. The e	xemption cannot l	oe allowed without these	documents.		
Whom should	we contact during no	rmal business	hours for additional	information?		
NAME				TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS					
()						
Lead to the death of the state		RTIFICATION				
I certify (or declare) under penalty of per accompanying stateme	rjury under the laws of the nts or documents, is true,					
SIGNATURE OF PERSON MAKING CLAIM		TITLE				
NAME OF PERSON MAKING CLAIM		DATE				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

