EF-236-R07-0519-30000463-1 BOE-236 REV. 07 (05-19)

EXEMPTION OF LEASED PROPERTY



Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779

Claude Parrish

USED EXCLUSIVELY AND SOLELY FOR LOW-INCOME HOUSING

This claim is filed for fiscal year 20 _ (Example: a person filing a timely claim		"2011-2012.")	www.ocasse	essor.gov
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			FOR ASSESSOR'S USE ONLY	
			Received by	(Assessor's designee)
L		_	of(county or city)	on
NAME OF ORGANIZATION				
MAILING ADDRESS (number and street)			CITY, STATE, ZIP CODE	<u> </u>
ADDRESS OF PROPERTY FOR WHICH THE EXEMPTION IS CLAIMED (number and street, city)				ASSESSOR'S PARCEL NUMBER
Was the property leased to the lessee more? (The Assessor may require a compared of the NO	· ·		se transferred to the less	ee with a remaining term of 35 years or
The exemption cannot be allowed with	ncomes do not exceed the limed within days	its provided by se	·	and Safety Code:
The property is leased and operated b a. Religious, hospital, scientific, or Welfare Exemption provided by b. Public housing authority or public	charitable fund, foundation, c section 214 of the Revenue a	•		, the lessee must file and qualify for the on claim to be allowed.
(3) of the Internal Revenue Code of Limited Partnership (LP-1), in	e. If this box is checked, copie	es of the determin -2), showing endo	ation letter, the limited par prsement by the Secretary	
Whom shou	ld we contact during nor	mal business l	hours for additional in	nformation?
NAME				TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS			
<u>(</u>	CE	RTIFICATION		
	perjury under the laws of the nents or documents, is true,			nd all information hereon, including any knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			·	ITLE
NAME OF PERSON MAKING CLAIM			D	ATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

