

**Application for Property Tax Exemption
Pursuant to NRS 361.082 and NAC 361.089
Real or Tangible Personal Property Used for Low-Income Housing**

Return this application to:
CARSON CITY ASSESSOR'S OFFICE
201 N CARSON ST, STE 6
CARSON CITY NV 89701

Questions? Please call:
(775) 887-2130

File this form on or before June 15th of each year with the County Assessor for consideration during the fiscal year starting July 1st.

Section 1

Applicant Name: _____ Contact Person*: _____

Daytime Phone Number: _____ Contact Phone Number*: _____

Mailing Address: _____

Property Address: _____

Name of Project: _____

Assessor's Parcel Number: _____

Personal Property ID Number: _____

*If a management company is completing this form, please supply the appropriate contact person's name and phone number.

Section 2

Please answer the following questions.

- 1) Was this property funded in part for the current fiscal year by federal money appropriated pursuant to 42 U.S.C. §§ 12701 et seq.? Yes _____ No _____

Please attach documentation showing the project is a qualified low-income housing project, such as a copy of a Declaration of Restrictive Covenants or a Letter of Verification from the appropriate housing agency in charge of dispersing federal funds. The documentation must show the type of federal funding granted, the date the funding was granted, and the date of expiration; and other verification of federal fund disbursement and the date of the disbursement.

Also include documentation showing the taxpayer election to qualify the project under the federal "20-50 test" or the "40-60 test," pursuant to 26 U.S.C. 42 (g), such as a copy of that portion of a federal income tax return claiming the federal tax credit.

2) How many total units are occupied or used by qualified residents, or will be used exclusively as low income units as of June 15th? _____

3) Please describe, including square footage if appropriate, the related facilities occupied or used by qualified residents. Related facilities may include such areas as playgrounds, community rooms, and the manager's office and unit.

In support of these questions, please attach the following documentation:

- 1) **First quarter or annual status report from the appropriate housing agency, showing unit number, unit size, tenant name, household size, actual tenant paid rent, utility allowance, annual household income, and unit activity; and**
- 2) **HUD Area Median Income Limits currently incorporated in the Home Program Income Limits as of March 31st of the most current year.**

I certify the above claim for property tax exemption is made in good faith and is to the best of my knowledge and belief, true, correct, and complete.

Owner or Authorized Representative Title

Dated this _____ day of _____, 200____.

STATE OF NEVADA)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200 ____.

Notary Public

FOR ASSESSOR USE ONLY

Total units in project _____ Number of currently qualifying units _____ Percentage _____

Total assessed value of real property \$ _____ Exemption amount \$ _____

Total assessed value of personal property \$ _____ Exemption amount \$ _____