

Return this application to:

Carson City Assessor's Office

201 N. Carson St., Suite 6

Carson City, NV 89701

Questions? Please call: 775-887-2130

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	\$ _____

Application for Property Tax Exemption

Pursuant to NRS 361.082 and NAC Chapter 361.089

Real or Tangible Personal Property Used for Low-Income Housing

Return this application to the Carson City Assessor's Office at the address shown above on or before June 15th of each year for consideration during the fiscal year starting July 1st.

Section 1

Applicant Name: _____ Daytime Phone Number: _____

Fax Number: _____

Mailing Address: _____
Street/P.O. Box

City _____ State _____ Zip _____

Contact Person*: _____ Contact Phone Number*: _____

Property Address: _____
Street No. _____ City _____ County _____

Name of Project: _____

Assessor's Parcel Number (APN): _____

Personal Property ID Number: _____

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

Section 2

Please answer the following questions.

1. Is the housing project partially financed by the HOME Investment Partnerships Act (Section 42 U.S.C. §§ 12701 et seq.)?
 Yes No

2. Is the housing project partially financed by the credit or reduction in liability for federal income taxes that is awarded pursuant to section 42 of the Internal Revenue Code, 26 U.S.C. § 42?
 Yes No

3. Is the housing project partially financed by money from the Account for Affordable Housing (created by NRS 319.500)?
 Yes No

4. Does the project meet the affordability requirements pursuant to 24 C.F.R. § 93.302 and is financed in part by federal money appropriated pursuant to section 1338 of the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (2 U.S.C. § 4568)?
 Yes No

5. Please provide the end date of the financing for the project _____

6. How many total units are in the housing project? _____

7. Please indicate, as of June 15th, the total number of qualifying low-income units and the number of units rent-restricted and currently occupied by persons meeting the income limitation applicable under 26 U.S.C. § 42(g)(1) _____

8. 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:

- I. 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
- II. HUD Area Median Income Limits currently incorporated in the Home Program Income Limits as of March 31st of the most current year.
- III. 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.
- IV. 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.

