



Eddie Cook
Maricopa County Assessor

**FOR THE ASSESSOR TO CONSIDER
YOUR CLAIM PLEASE COMPLETE
THIS FORM IN ITS ENTIRETY &
ATTACH ALL SUPPORTING
DOCUMENTATION**

A.R.S. § 42-11133: EXEMPTION FOR AFFORDABLE HOUSING AFFIDAVIT

IRS Issued EIN (Employer Identification Number): _____ **NEW** **RENEWAL**

Organization Name: _____

A TAX EXEMPTION CLAIM FORM MUST ACCOMPANY THIS AFFIDAVIT
The Assessor may require additional proof of facts stated by the claimant, per ARS 42-11152.

All Applicants Must Submit:

- Letter describing specific use(s) of property.
- Any and all enforceable and verifiable agreements with a public agency, deed restriction or any other legal document describing the use and financing/financial assistance terms for the affordable rental housing property.

By initialing below, I certify that the following is true and correct:

___ The property is owned and operated by, or is a wholly owned subsidiary of, a corporation that is qualified pursuant to section 501(c)(3) or 501(c)(4) of the internal revenue code or a limited partnership or limited liability company in which the general partner or the managing member, as applicable, is an eligible nonprofit corporation or a single purpose entity that is wholly owned by one or more eligible nonprofit corporations.

___ The acquisition, rehabilitation, development or operation of the property, or any combination of these factors, is financed with tax exempt mortgage revenue bonds or general obligation bonds or is financed by local, state or federal loans or grants and the amount of rent paid by or on behalf of the occupants does not exceed the amount of rent that is prescribed by deed restrictions or by regulatory agreements pursuant to the property's financing or financial assistance terms OR the owner of the property is eligible for and receives tax credits for low-income or moderate-income residential housing established under section 42 of the internal revenue code and the amount of rent paid by or on behalf of the occupants does not exceed the amount that is prescribed by deed restrictions or by regulatory agreements pursuant to the property's financing or financial assistance terms.

___ If qualifying under ARS 42-11133 (B), I certify as the owner or owner's statutory agent that there is an enforceable and verifiable agreement with a public agency, a recorded deed restriction or any other legal document that restricts the use of the property and requires that the rents do not exceed the terms that are prescribed by the financing or financial assistance terms. I further certify that the monies that would have been necessary to pay the property taxes are used to maintain the affordability of or otherwise reduce the rents of the units that are occupied by eligible low-income households.

The Claimant as shown below, states the owner is not organized for profit and that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual. For the Assessor to consider your claim, you must answer all questions and attach all supporting documents.

State of Arizona; County of Maricopa

I declare, under penalty of perjury, this claim for tax exemption including any supporting statements or documents is true and complete to the best of my knowledge and belief. I understand that failure to complete this form in its entirety may result in a delay or denial for exemption.

_____ Date: _____

Claimant Signature

Subscribed and sworn to before me this: _____ day of _____ 20__ _

Signed _____ (Deputy Assessor or Notary Public)