

**Application for Property Tax Exemption**

**Pursuant to NRS 361.082 and NAC 361 Part A**

**Real or Tangible Personal Property Used for Low-Income Housing**

Return this application to:  
M. W. SCHOFIELD  
Clark County Assessor  
500 S. Grand Central Pkwy.  
Las Vegas, Nevada 89155-1401

Questions? Please call  
(702) 455-3882

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

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**Section 1**

Applicant Name: \_\_\_\_\_ Contact Person\*: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Contact Phone Number\*: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address: \_\_\_\_\_

Street No. \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

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 15<sup>th</sup>? \_\_\_\_\_

(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 31<sup>st</sup> 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

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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 \$ \_\_\_\_\_