

Application

Property Tax Exemption for Low-Income Housing Held By Charitable, Nonprofit Organizations

(Implementing Provisions of ORS 307.540 - 548)

(For Office Use Only)

Don Anderson

City of Tualatin, Oregon

Date Received

2/16/23 By Emme

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Section A – General Information

Please check one:

- Original Application
 Renewal Application

Corporate Name: Community Partners for Affordable Housing

Address: 6380 SW Capitol Hwy Ste #151

Portland, OR 97239-2199

Telephone Number: 503-293-4038 /

Business

Alternate Phone

Email Address: nthornton@cpahoregon.org

Chief Executive Officer: Rachael Duke

Contact Person: Natalie Thornton

Section B - Property to be Considered for Exemption

(Sections B, C, and D must be filled out for each property for which you are requesting a tax exemption)

Owner of record: Community Partners for Affordable Housing

Property Address: 23655 SW Plambeck Ter. Tualatin, OR 97062
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R1136023

Tax Lot Account Number(s): 2S135D000303

(Be sure to identify *all* account numbers for both land and improvements on the property for which you are requesting tax exemption. In some cases, land and improvements may have separate account numbers. The Property Tax Account Number(s) and the Tax lot Account Number(s) should be on your property tax statements.)

Total Number of Residential Units in Building(s): 2

Number of Residential Units Occupied by Low-income People: 2

Total Square Feet in Building(s): 1438

Total Square Feet of Residential and Residential Common Area:⁴ 1438

Date When Exemption was First Granted for this Property: N/A
(For renewal applications only)

⁴ This includes halls, baths, dining, and other space dedicated to residential use. Retail uses and other accessory uses not related to residential use are not to be counted.

Section C - Eligible Property

Do you own the property in question? Yes No

If you do not own the property, do you have leasehold interest in the property?

Yes No

If you have an ownership interest in the property, but your organization is not the record owner, describe your interest in the property. NOTE: Your nonprofit organization *must* be responsible for day-to-day operations in order to be eligible for exemption under this program. *Include that information in your description.*

N/A

If you have a leasehold interest, describe your interest and include a statement describing how, as the nonprofit organization, you are obligated under the terms of the lease to pay the ad valorem taxes on this property or other contractual arrangement such that the property tax exemption benefits accrue to the nonprofit agency and the residential tenants rather than the owner or corporation from whom you lease.

N/A

If the property is being held for future low-income housing development, describe the future development (number of units, units broken out by number of bedrooms, amenities available, etc.) and the income level(s) that will be served by the future development.

The development will have approximately 116 units between 30% AMI and 60% AMI. There will be 54 1 bedroom units, 40 2 bedroom units, 16 3 bedroom units, and 6 4 bedroom units. There will be 47 30% units, 11 40% units, 18 50% units, and 40 60% units. Amenities will include a clubhouse with spaces for resident services and youth services, a community garden, and a play area.

Section D - Description of Charitable Purpose/Project Benefit
(Use for multiple projects if same conditions apply)

Briefly describe your organization's charitable purpose:

To provide low income housing and social services to residents of low-income housing

Is the property being held for the purpose of developing low-income housing?

Yes No

The holding period may not exceed three years. When did the period begin? N/A

Is all or a portion of the property is being used for the charitable purpose?

All Portion

If a portion, approximately what percentage of the property? _____

Will the cost savings resulting from the proposed tax exemption enable you to do the following?

- a. Reduce the rents that your low-income residential tenants pay on the property in question?

Yes No

If so, by approximately how much? _____

- b. Provide greater services to your low-income residential tenants?

Yes No

If yes, in what way(s)?

Cost savings will allow for CPAH to pay salary and overhead for service providers

- c. Provide any other benefit to your low-income residential tenants?

Yes No

If yes, please explain.

Cost savings will allow for CPAH to invest into the ongoing upkeep of the property

If you lease the property identified in this application, please explain to what extent your lease agreement coincides with the timeframe of the qualifying tax year:

N/A

Section E – Declarations

(Please read carefully and sign below before a notary)

1. I have attached to this application the IRS declaration of the status of applicant as a tax-exempt corporation under 26 U.S.C. Section 501 (c)(3) or (4).
2. I am aware that the income-qualifying tenants must meet the income guidelines in accordance with 42 U.S.C. Section 1437 (a)(b)(2) as amended. (See Attachment A, Income Eligibility Schedule.) Tenant incomes do not exceed these limitations as I verily believe.
3. I am aware of all requirements for tax exemption imposed by ORS 307.540 - 307.548 (Chapter 660 Oregon Laws 1985, as amended by Chapter 756 Oregon Laws 1987) and modified by Tualatin Municipal Code (TMC) Chapter 14-01.
4. To the best of my knowledge, the above-described property or properties, qualify, or if vacant or under construction, will qualify for property tax exemption once occupancy is established.
5. I have read and understood the criteria provided in TMC 14-1-020, and I certify that the corporation meets that criterion.
6. All the information in this application is true to the best of my belief and knowledge and is for the purpose of determining eligibility for the tax exemption program authorized by ORS 307.540 - 307.548 and administered through Tualatin Municipal Code Chapter 14-01.

By: Rachael Duke
Agency Chief Executive Officer (Signature)

Rachael Duke
Agency Chief Executive Officer (Print or Type)

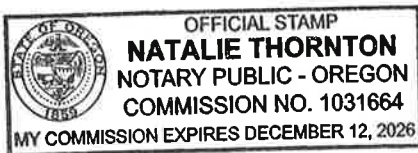
For: Community Partners for Affordable Housing
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 16 day of February, _____.

[Signature]
Notary Public for Oregon (Signature)

Natalie Thornton
Notary Public for Oregon (Print or Type Name)

My Commission Expires 2/16/23



INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAR 11 1999

COMMUNITY PARTNERS FOR AFFORDABLE
HOUSING
PO BOX 23206
TIGARD, OR 97281-3206

Employer Identification Number:

DLN:

17053030720009

Contact Person:

THOMAS E O'BRIEN

ID# 31187

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

February 1995

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

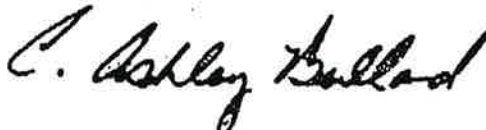
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

Letter 1050 (DO/CG)