

2316 SE Willard, Milwaukie, Oregon 97222 p: 503.654.1007 • f: 503.654.1319 • www.nwhousing.org

January 15, 2022

City of Wilsonville Attn: Finance Department 29799 SW Town Center Loop East Wilsonville, OR 97070

Dear Katherine,

At the time of submission of our application for property tax exemption, NHA's Wilsonville properties have the following vacancy statistics:

- Autumn Park Apartments 5 unit vacant, 97% occupancy
- The Charleston Apartments 0 units vacant, 100% occupancy
- Creekside Woods Apartments 0 unit vacant, 100% occupancy

These units are intended to be occupied within the year. Like all other units at the properties, they will be available exclusively to eligible low-income persons.

Thank you for your consideration of our application.

Jell anderson

Kind Regards,

Trell Anderson, Executive Director

#### **APPLICATION**

# PROPERTY TAX EXEMPTION FOR LOW-INCOME HOUSING HELD BY CHARITABLE, NONPROFIT ORGANIZATIONS

		(For Office Use Only)		
City of Wilsonville, Oregon			\$250 Application Fee	
Date Received: 2/1/22 F).			\$50 Renewal Fee	
			Receipt No	
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Section A –	Applic	ant Information		
Corporate N	ame: _l	Northwest Housing Alternatives		
Address: _2	2316 SE	Willard Street, Milwaukie, OR 97222 _		
Telephone: _(503) 654-1007 Business			Residence (O	ptional)
Email Addre	ess: _cl	eveland@nwhousing.org & christensen@	nwhousing.	org
Chief Execu	tive Of	ficer: _Trell Anderson		
Contact Pers	son: _R	ay HackworthTelephone: _(	(503) 654-100	07 x 101

Section B – Property to be Considered for Exemption			
(Sections B, C, and D must be filled out for each building for which you are requesting a tax exemption)			
Organization:Autumn Park Apartments			
Property Address: 10920 SW Wilsonville Road, Wilsonville, OR 97070			
Assessor's Property Tax Account Number(s):00818388			
(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 property tax account numbers.)			
Total number of residential units in the building: _144			
Number of residential units occupied by very low-income people: _144			
Total square feet in building: _116,928			
Total square feet used to house very low-income people 116928			
Section C – Leasehold Interest in Eligible Property  Do you own the property in question?xYesNo  If you answered "no" to the above question, do you have leasehold interest in the property? YesNo			
If yes, please 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 served rather than the owner or corporation from whom you lease.			

<sup>&</sup>lt;sup>1</sup> 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 D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)

Will tl	he cost savings resulting from the proposed tax exemption enable you to do the following?
1.	Reduce the rents that your very low-income residential tenants pay on the property in question? _x_YesNo If so, by approximately how much? _\$90 /unit/month
2.	Provide greater services to your very low income residential tenants? _X_Yes No.
3.	If yes, in what way(s)? _All cost savings are passed directly through to the tenants in the
	form of reduced rents
4.	Provide any other benefit to your very low-income residential tenants?x_YesNo.  If yes, please explain: _NHA Provides a robust Resident Services program that directly
benefi	its the residents
	lease the property identified in this application, to what extent does your lease agreement de with the timeframe of the qualifying tax year? Please Explain:
	TARREST REPORT OF THE PROPERTY

Section B – Property to be Considered for Exemption		
(Sections B, C, and D must be filled out for each building for which you are requesting a exemption)  Organization:The Charleston Apartments		
Assessor's Property Tax Account Number(s):05021215, 05021232		
(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 property tax account numbers.)		
Total number of residential units in the building: _52		
Number of residential units occupied by very low-income people: _51		
Total square feet in building: _35,493		
Total square feet used to house very low-income people <sup>2</sup> 35,493		
Section C - Leasehold Interest in Eligible Property  Do you own the property in question?xYesNo  If you answered "no" to the above question, do you have leasehold interest in the property?  YesNo		
If yes, please 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 served rather than the owner or corporation from whom you lease.		

<sup>&</sup>lt;sup>2</sup> 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 D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)

Will th	ne cost savings resulting from the proposed tax exemption enable you to do the following?
1.	Reduce the rents that your very low-income residential tenants pay on the property in question?xYesNo If so, by approximately how much? _\$47 /unit/month
2.	Provide greater services to your very low income residential tenants? _X_Yes No.
3.	If yes, in what way(s)? _All cost savings are passed directly through to the tenants in the
	form of reduced rents
4.	Provide any other benefit to your very low-income residential tenants?x_YesNo.  If yes, please explain: _NHA Provides a robust Resident Services program that directly
benefi	ts the residents
•	lease the property identified in this application, to what extent does your lease agreement de with the timeframe of the qualifying tax year? Please Explain:
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	N 500

Section B - 1 reperty to be Considered for Exemption				
(Sections B, C, and D must be filled out for each building for which you are requesting a exemption)				
Organization:Creekside Woods Limited Partnership				
Property Address: 7825 SW Wilsonville Road, Wilsonville, OR 97070				
Assessor's Property Tax Account Number(s):05022666				
(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 property tax account numbers.)				
Total number of residential units in the building: _84				
Number of residential units occupied by very low-income people: _84				
Total square feet in building: _73,042				
Total square feet used to house very low-income people <sup>3</sup> 73,042				
Section C - Leasehold Interest in Eligible Property  Do you own the property in question?xYesNo  If you answered "no" to the above question, do you have leasehold interest in the property? YesNo				
If yes, please 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 served rather than the owner or corporation from whom you lease.				

<sup>&</sup>lt;sup>3</sup> 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 D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)

Will th	ne cost savings resulting from the proposed tax exemption enable you to do the following?
1.	Reduce the rents that your very low-income residential tenants pay on the property in question? _xYesNo If so, by approximately how much? _\$35 /unit/month
2.	Provide greater services to your very low income residential tenants? X Yes No.
3.	If yes, in what way(s)? _All cost savings are passed directly through to the tenants in the
	form of reduced rents
4.	Provide any other benefit to your very low-income residential tenants?x_YesNo.  If yes, please explain: _NHA Provides a robust Resident Services program that directly
benefi	ts the residents
	lease the property identified in this application, to what extent does your lease agreement de with the timeframe of the qualifying tax year? Please Explain:

#### **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 application 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 307.540-307.545 (Chapter 660 Oregon Laws 1985, as amended by Chapter 756 Oregon Laws 1987) and implemented by Resolution No. 1854 of the City of Wilsonville.
- 4. The above-described properties qualify or will qualify upon completion of any rehabilitation improvements and subsequent occupancy by very low-income residents for property tax exemption within 30 days of the April 1st application or the date of approval.

Ву:	Agency Chief Executive Officer (Signature)
	_Trell Anderson
For:	_Northwest Housing Alternatives Corporate Name (Print or type)

Subscribed and sworn to before me this 27th day of January, 2022.

Notary Public For Oregon
My Commission Expires: February 18, 2023

OFFICIAL STAMP
DEBORAH ELLEN SCOTT
NOTARY PUBLIC-OREGON
COMMISSION NO. 983928
MY COMMISSION EXPIRES FEBRUARY 18, 2023

Internal Revenue Service
District Director
P 0 80X 486
LOS ANGELES, CA 900530486

AUG 2 4 1989

Date:

NORTHWEST HOUSING ALTERNATIVES INC 2316 SOUTH EAST WILLARD STREET MILHAUKIE, OR 97222 Employer Identification Number:
93-0814473
Case Number:
958131104
Contact Person:
TERRY IZUMI
Contact Telephone Number:
(213) 894-4170

Our Letter Dated: Dec.17, 1985 Caveat Applies:

Dear Applicant:

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

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 Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a 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 that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

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

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

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

Singerely yours,

Frederick C. Nielsen

District Director