



**Northwest
Housing
Alternatives**

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.

Kind Regards,

A handwritten signature in black ink that reads "Trell Anderson". The signature is written in a cursive, flowing style.

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 JS.

\$50 Renewal Fee _____

Receipt No. _____

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Section A – Applicant Information

Corporate Name: Northwest Housing Alternatives

Address: 2316 SE Willard Street, Milwaukie, OR 97222

Telephone: (503) 654-1007
Business

Residence (Optional) _____

Email Address: cleveland@nwhousing.org & christensen@nwhousing.org

Chief Executive Officer: Trell Anderson

Contact Person: Ray Hackworth Telephone: (503) 654-1007 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 people¹ 116928

Section C – Leasehold Interest in Eligible Property

Do you own the property in question? x Yes No

If you answered "no" to the above question, do you have leasehold interest in the property?
 Yes No

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.

¹ 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 the 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? ☒ Yes ☐ No If so, by approximately how much? \$90 /unit/month
- 2. Provide greater services to your very low income residential tenants? ☒ 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? ☒ Yes ☐ No.

If yes, please explain: NHA Provides a robust Resident Services program that directly benefits the residents

If you lease the property identified in this application, to what extent does your lease agreement coincide with the timeframe of the qualifying tax year? Please Explain:

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: The Charleston Apartments

Property Address: 11609 SW Toulouse Road, Wilsonville, OR 97070

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 people² 35,493

Section C – Leasehold Interest in Eligible Property

Do you own the property in question? x Yes No

If you answered "no" to the above question, do you have leasehold interest in the property?
 Yes No

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.

² 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 the 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? ☒ Yes ☐ No If so, by approximately how much? \$47 /unit/month
2. Provide greater services to your very low income residential tenants? ☒ 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? ☒ Yes ☐ No.

If yes, please explain: NHA Provides a robust Resident Services program that directly benefits the residents

If you lease the property identified in this application, to what extent does your lease agreement coincide with the timeframe of the qualifying tax year? Please Explain:

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: 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 people³ 73,042

Section C – Leasehold Interest in Eligible Property

Do you own the property in question? x Yes No

If you answered "no" to the above question, do you have leasehold interest in the property?
 Yes No

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.

³ 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 the 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? ☒ Yes ☐ No If so, by approximately how much? \$35 /unit/month
2. Provide greater services to your very low income residential tenants? ☒ 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? ☒ Yes ☐ No.

If yes, please explain: NHA Provides a robust Resident Services program that directly benefits the residents

If you lease the property identified in this application, to what extent does your lease agreement coincide 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.

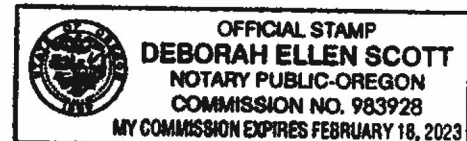
By: Trell Anderson
Agency Chief Executive Officer (Signature)

Trell Anderson
Agency Chief Executive officer (Print or typed)

For: Northwest Housing Alternatives
Corporate Name (Print or type)

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

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



Internal Revenue Service
District Director
P O BOX 486
LOS ANGELES, CA 900530486

Department of the Treasury

AUG 24 1985

Date:

NORTHWEST HOUSING ALTERNATIVES INC
2316 SOUTH EAST WILLARD STREET
MILWAUKIE, 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:
no

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.

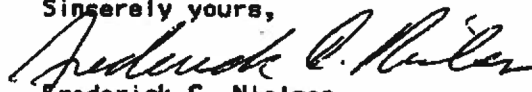
Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in 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.

Sincerely yours,


Frederick C. Nielsen
District Director

Letter 1050(CG)