APPLICATION

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

(For Office Use Only)

City of Wilsonville, Oregon

Date Received: _____

$250 Application Fee _____

$50 Renewal Fee _____

Receipt No. _____

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Section A – Applicant Information

Corporate Name: ___Rain Garden LP c/o Caritas Community Housing Corporation_____

Address: _2740 SE Powell Blvd. #5, Portland OR 97202_____

Telephone: _503-231-4866_____ Business

_____ Residence (Optional)

Email Address: ___mpierce@ccoregon.org_____

Chief Executive Officer: _Kaleen Deatherage_____

Contact Person: __Marci Pierce_____ Telephone: __503-688-2646_____

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: ____Rain Garden LP_____

Property Address: ___29197 SW Orleans Avenue, Wilsonville OR 97070 _____

Assessor's Property Tax Account Number(s): ____05019399 Map 31W15DB07500_____

(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: ____29_____

Number of residential units occupied by very low-income people: ___29_____

Total square feet in building: ___21,243_____

Total square feet used to house very low-income people[4] 21,243

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.

Caritas Community Housing Corporation (CCHC) a subsidiary of Catholic Charities. Catholic Charities is the non-profit sole member of the ownership entity general partner Rain Garden GP LLC. CCHC is responsible for ensuring that all operating costs are paid, including taxes due. The very low-income residents of Rain Garden are charged rents well below market. The savings realized from the property tax exemption are passed through to reduce rents.

[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 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? __X__Yes _____No If so, by approximately how much? By the amount saved in taxes_____

2. Provide greater services to your very low income residential tenants? _X___Yes _____ No.
3. If yes, in what way(s)? _By reducing costs_____
4. Provide any other benefit to your very low-income residential tenants? __X__Yes _____No
   If yes, please explain: Preserves financial stability, and therefore longevity of the project.

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:

_____

_____

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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: Kaleen Deatherage
Agency Chief Executive Officer (Signature)

Kaleen Deatherage
Agency Chief Executive officer (Print or typed)

For: Caritas Community Housing Corporation
Sole member of Rain Garden GP LLC,
General Partner of Rain Garden LP
Corporate Name (Print or type)

Subscribed and sworn to before me this 8 day of January, 2026.

Alex Blue
Notary Public For Oregon
My Commission Expires: 9/12/26

OFFICIAL STAMP
ALEXANDRA BLUE
NOTARY PUBLIC-OREGON
COMMISSION NO. 1028641
MY COMMISSION EXPIRES SEPTEMBER 12, 2026