

Return this affidavit to:

County Assessor

Address

City

State

Zip

Questions? Please call:

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 \$_____

Affidavit for Renewal for Property Tax Exemption

Pursuant to NRS 361.082 and NAC Chapter 361.089

Real or Tangible Personal Property Used for Low-Income Housing

Return this application to the County Assessor's Office at the address shown above on or before June 15th of each year for consideration during the fiscal year starting July 1st.

Section 1

Applicant Name: _____ Daytime Phone Number: _____

Fax Number: _____

Mailing Address: _____
Street/P.O. Box

City _____ State _____ Zip _____

Contact Person*: _____ Contact Phone Number*: _____

Property Address: _____
Street No. _____ City _____ County _____

Name of Project: _____

Assessor's Parcel Number (APN): _____

Personal Property ID Number: _____

***If a management company is completing this form, please supply the appropriate contact person's name and phone number.**

