

# Application

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

(Implementing Provisions of ORS 307.540 - 548)

(For Office Use Only)

\_\_\_\_\_, City of Salem, Oregon

Date Received

1-24-18

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### Section A – General Information

Please check one:

- Original Application  
 Renewal Application

Corporate Name: Community Resource Trust

Address: 265 Commercial St SE Sk 270  
Salem, OR 97301

Telephone Number: 503.507.8248 / 503.586.2654  
Business Alternate Phone

Email Address: beth@communityresourcetrust.com

Chief Executive Officer: Beth Wags

Contact Person Name and Number: Beth Wags; 503.507.8248

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: Cornerstone Apartments Limited Partnership

Property Address: Rose Garden St NE, Salem, OR 97301  
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R354287 ; R354288

City of Salem Ward: Ward 5

Tax lot Account Number(s): 073W13BB05300 ; 073W13BB05400  
(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): 180

Number of residential units occupied by low-income people: 177

Number of residential units occupied by people who are not low-income people: 3

Number of vacant residential units: N/A

Is any portion of the building used for non-residential purposes, such as retail or office space not supporting residential use? Yes  No

If yes, please explain.

Date when exemption was first granted for this property: N/A  
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? N/A - Under construction

Does this amount equal or exceed \$1,000 per unit per year? Yes No

Have you attached documentation to verify your capital reserve balance? Yes  No  
Under construction

Section C - Eligible Property

Do you own the property in question? Yes No

A title report is needed to document ownership. Have you provided a title report for the property? Yes No Trust Deed

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.*

Community Resource Trust is sole member of Cornerstone GP LLC. Cornerstone GP LLC is general partner in Cornerstone Apartments Limited Partnership, owner of the property. General partner has .01% ownership interest and is responsible for day-to-day operations.

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.

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

180 units, 100% at 60% AMI rents  
95 2-bdrm  
48 3-bdrm  
25 1-bdrm  
12 studio

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

Briefly describe your organization's charitable purpose:

Provision of low income & affordable housing

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

Yes      No      Under construction

The holding period may not exceed two years. When did the period begin?

July 2017

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:

Reduce the rents that your low-income residential tenants pay on the property in question?  Yes      No

If so, by approximately how much? Set at 60% AMI

Provide greater services to your low-income residential tenants?

Yes      No

If yes, in what way(s)?

Case management, access to resources, direct services on site

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

Yes      No

If yes, please explain.

Increase services & amenities

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:

## Section E – Declarations

1. I am aware of the 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 Salem Revised Code Sec. 2.850 to 2.910 and I have attached the applicant corporation's IRS declaration of tax-exempt status under 26 U.S.C. Section 501 (c)(3) or (4).
2. I am aware that income-qualifying tenants must meet the established income guidelines and believe tenant incomes do not exceed these limitations.
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, and I certify that the corporation meets the criteria.
6. I certify that the corporation has no outstanding liabilities with the City of Salem and that the corporation's properties are in compliance with City permitting and code requirements.
7. I agree that the City may, at its option, upon five (5) days' prior written notice to Applicant, inspect the premises at regular intervals to ensure the premises are maintained in decent, safe, and sanitary condition and to verify the accuracy of the reports required herein and compliance with other provisions of tax exemption criteria.
8. I understand that in order to claim this exemption after the initial year for which it has been granted, a Property Tax Exemption Recertification Application must be completed and filed annually by the applicable deadline.

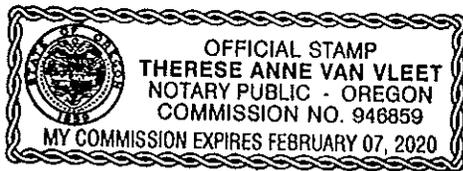
9. All the information in this application is true to the best of my belief and knowledge, and is for the purpose of determining eligibility for the City of Salem's tax exemption program.

By: B. Hays  
Agency Chief Executive Officer (Signature)

B. Hays  
Agency Chief Executive Officer (Print or Type)

For: Community Resource Trust  
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 24 day of January, 2018.



Therese A. Van Vleet  
Notary Public for Oregon (Signature)

Therese A. Van Vleet  
Notary Public for Oregon (Print or Type Name)

My Commission Expires 1/7/20