

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

Contents

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Section A – General Information

Please check one:

- ☐ Original Application
☒ Renewal Application

Corporate Name: St. Vincent de Paul Society of Lane County, Inc.

Address: 2890 Chad, Dr.
Eugene OR 97408

Telephone Number: 541-687-5820 /
Business Alternate Phone

Email Address: terry.mcdonald@svdp.us

Chief Executive Officer: Terrence McDonald

Contact Person Name and Number: Jennifer Cervantes 541-687-5820

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: Four Oaks Housing Limited Partnership

Property Address: 1051-1099 23rd Street SE, Salem, OR 97301

(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R67385

City of Salem Ward: 2

Tax lot Account Number(s): 073W35AA09700

(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): 24

Number of residential units occupied by low-income people: 24

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: _____

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: 2018

(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? 63,899.41

Does this amount equal or exceed \$100 per unit per month per year? ☒ Yes No

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

Section C - Eligible Property

Do you own the property in question? Yes

☒ No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes

No

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.*

For financing purposes, Four Oaks Housing Limited Partnership owns the property; however, SVDP controls both entities in the LP. Also, SVDP is responsible for the day-to-day management and operation of the property. (Management agreement is attached for reference.)

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose:

Serving the low income and homeless community through a variety of programs, including affordable housing.

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

Yes

☒ No

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

N/A

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

This is a project based section 8 project, so tenants only pay 30% of their income on rent.

If so, by approximately how much? _____

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)? This exemption will allow more room in the budget to provide more resident services.

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

☒ Yes

No

If yes, please explain. This project is old and struggles financially. This exemption will allow us to better maintain the property, which will provide a better living environment for tenants and ensure long term affordability.

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:

N/A

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: Wallerwood Limited Partnership

Property Address: 1150 Waller Street, Salem, OR 97302
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R96741

City of Salem Ward: 2

Tax lot Account Number(s): 073W27DD01700
(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): 22

Number of residential units occupied by low-income people: 22

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: _____

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: 2018
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? 48,180.69

Does this amount equal or exceed \$100 per unit per month per year? ☒ Yes No

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

Section C - Eligible Property

Do you own the property in question? Yes

☒ No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes

No

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.*

For financing purposes, Wallerwood Limited Partnership owns the property; however, SVDP controls both entities in the LP. Also, SVDP is responsible for the day-to-day management and operation of the property. (Management agreement is attached for reference.)

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose:

Serving the low income and homeless community through a variety of programs, including affordable housing.

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

Yes

☒ No

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

N/A

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

This is a project based section 8 project, so tenants only pay 30% of their income on rent.

If so, by approximately how much? _____

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)? This exemption will allow more room in the budget to provide more resident services.

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

☒ Yes

No

If yes, please explain. This project is old and struggles financially. This exemption will allow us to better maintain the property, which will provide a better living environment for tenants and ensure long term affordability.

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:

N/A

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.

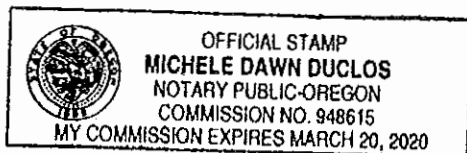
9. All the information in this application is true to the best of my belief and knowledge, and is for the purpose of determining eligibility for the City of Salem's tax exemption program.

By: _____

Agency Chief Executive Officer (Signature)

Terrence McDonald

Agency Chief Executive Officer (Print or Type)



For: St. Vincent de Paul Society of Lane County, Inc.
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 21st day of August, 2019.

by Terrence R. McDonald, Chief Executive officer

Notary Public for Oregon (Signature)

State of Oregon
County of Lane

Notary Public for Oregon (Print or Type Name)

My Commission Expires March 20, 2020

Application Checklist
TO BE SUBMITTED WITH APPLICATION

- ☒ Completed Application:
 - ☒ Section A
 - ☒ Section B
 - ☒ Required Attachment Capital Reserve Balance
 - ☒ Section C
 - ☒ Required Attachment Property Title Report no more than 30 days old or County Assessor record showing current ownership no more than 30 days old.
 - ☒ Section D
 - ☒ Section E
 - ☒ Required Attachment IRS declaration of the status of applicant as a tax-exempt corporation under 26 U.S.C. Section 501 (c)(3) or (4).

Other Required Documents:

- ☒ Current Property Rent Roll
- ☒ Current Income Statement
- ☒ Application Fee

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Section A – General Information

Please check one:

- ☐ Original Application
☒ Renewal Application

Corporate Name: _____ Catholic Community Services Foundation

Address: _____ PO Box 20400
_____ Keizer, OR 97307

Telephone Number: _____ 503-390-2600 / _____ 503-856-7058
Business Alternate Phone

Email Address: _____ stevenass@ccswv.org

Chief Executive Officer: _____ James T Seymour

Contact Person Name and Number: _____ Steve Nass / 503-856-7058

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: Salem Self-Help Housing LLC

Property Address: 2579-2587 Wallace Rd NW, Salem OR 97304
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): 241199 and 241201

City of Salem Ward: Ward 8

Tax lot Account Number(s): 07309-CD-00200 and 07309-CD-00300

(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): 12

Number of residential units occupied by low-income people: 11

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: 1

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: February 26, 2018
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? \$20,267.97

Does this amount equal or exceed \$100 per unit per month per year? ☒ Yes No

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

Section C - Eligible Property

Do you own the property in question? ☒ Yes ☐ No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes ☐ No

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.*

N/A

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose: *The mission of Catholic Community Services Foundation is to raise funds, provide other development services, manage an endowment fund, own and manage real property, and encourage and support programs and activities, limited solely and exclusively to the activities of Catholic Community Services of the Mid-Willamette Valley and Central Coast, Inc., an Oregon non-profit corporation.*

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

Yes

☒ No

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

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

We will re-evaluate in 2020-21

If so, by approximately how much? _____

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)? *Our first priority is to adequately fund Replacement Reserves and ensure that the property is up to date on scheduled maintenance and major systems updates. Once that objective has been met, any additional funds available as a result of a tax exemption will be invested in upgrading Resident Services. Specifically, our plan is to better integrate health and social services with our affordable housing properties.*

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

☒ Yes

No

If yes, please explain. *Cost savings resulting from Property Tax exemption will allow us to maintain the property to a higher standard and build strong capital replacement reserves.*

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: *N/A*

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: James T. Seymour
Agency Chief Executive Officer (Signature)

James T Seymour
Agency Chief Executive Officer (Print or Type)

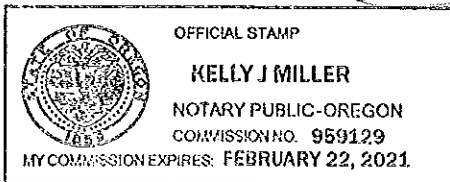
For: Catholic Community Services Foundation
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 27 day of August, 2019.

Kelly J Miller
Notary Public for Oregon (Signature)

Kelly J Miller
Notary Public for Oregon (Print or Type Name)

My Commission Expires 2/22/21



Application Checklist

TO BE SUBMITTED WITH APPLICATION

- ☒ Completed Application:
 - ☒ Section A
 - ☒ Section B
 - ☒ **Required Attachment** Capital Reserve Balance
 - ☒ Section C
 - ☒ **Required Attachment** Property Title Report no more than 30 days old or County Assessor record showing current ownership no more than 30 days old.
 - ☒ Section D
 - ☒ Section E
 - ☒ **Required Attachment** IRS declaration of the status of applicant as a tax-exempt corporation under 26 U.S.C. Section 501 (c)(3) or (4).

Other Required Documents:

- ☒ Current Property Rent Roll
- ☒ Current Income Statement
- ☒ Application Fee

Application

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Section A – General Information

Please check one:

- ☐ Original Application
☒ Renewal Application

Corporate Name: _____ Catholic Community Services Foundation

Address: _____ PO Box 20400
_____ Keizer, OR 97307

Telephone Number: _____ 503-390-2600 / _____ 503-856-7058
Business Alternate Phone

Email Address: _____ stevenass@ccswv.org

Chief Executive Officer: _____ James T Seymour

Contact Person Name and Number: _____ Steve Nass / 503-856-7058

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: Salem Self-Help Housing LLC

Property Address: 539 Statesman St NE, Salem OR 97301
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R77381

City of Salem Ward: Ward 1

Tax lot Account Number(s): 073W26AB05100

(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): 12

Number of residential units occupied by low-income people: 12

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: 0

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: February 26, 2018
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? \$19,800.15

Does this amount equal or exceed \$100 per unit per month per year? ☒ Yes No

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

Section C - Eligible Property

Do you own the property in question? ☒ Yes ☐ No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes ☐ No

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.*

N/A

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose: *The mission of Catholic Community Services Foundation is to raise funds, provide other development services, manage an endowment fund, own and manage real property, and encourage and support programs and activities, limited solely and exclusively to the activities of Catholic Community Services of the Mid-Willamette Valley and Central Coast, Inc., an Oregon non-profit corporation.*

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

Yes

☒ No

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

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

We will re-evaluate in 2020-21

If so, by approximately how much? _____

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)? *Our first priority is to adequately fund Replacement Reserves and ensure that the property is up to date on scheduled maintenance and major systems updates. Once that objective has been met, any additional funds available as a result of a tax exemption will be invested in upgrading Resident Services. Specifically, our plan is to better integrate health and social services with our affordable housing properties.*

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

☒ Yes

No

If yes, please explain. *Cost savings resulting from Property Tax exemption will allow us to maintain the property to a higher standard and build strong capital replacement reserves.*

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: *N/A*

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).
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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: James T. Seymour
Agency Chief Executive Officer (Signature)

James T. Seymour
Agency Chief Executive Officer (Print or Type)

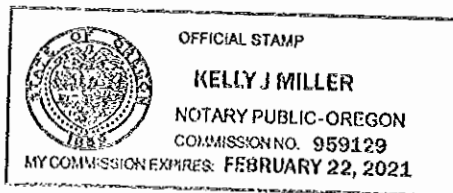
For: Catholic Community Services Foundation
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 27 day of August, 2019.

[Signature]
Notary Public for Oregon (Signature)

Kelly J Miller
Notary Public for Oregon (Print or Type Name)

My Commission Expires 2/22/21



Application Checklist

TO BE SUBMITTED WITH APPLICATION

- ☒ Completed Application:
 - ☒ Section A
 - ☒ Section B
 - ☒ Required Attachment Capital Reserve Balance
 - ☒ Section C
 - ☒ Required Attachment Property Title Report no more than 30 days old or County Assessor record showing current ownership no more than 30 days old.
 - ☒ Section D
 - ☒ Section E
 - ☒ Required Attachment IRS declaration of the status of applicant as a tax-exempt corporation under 26 U.S.C. Section 501 (c)(3) or (4).

Other Required Documents:

- ☒ Current Property Rent Roll
- ☒ Current Income Statement
- ☒ Application Fee

Application

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Section A – General Information

Please check one:

- ☒ Original Application
☐ Renewal Application

Corporate Name: _____ Catholic Community Services Foundation

Address: _____ PO Box 20400
_____ Keizer, OR 97307

Telephone Number: _____ 503-390-2600 / _____ 503-856-7058
Business Alternate Phone

Email Address: _____ stevenass@ccswv.org

Chief Executive Officer: _____ James T Seymour

Contact Person Name and Number: _____ Steve Nass / 503-856-7058

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: Highland Station Limited Partnership

Property Address: 1262-1286 Highland Ave NE, Salem OR 97301
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R26515

City of Salem Ward: Ward 1

Tax lot Account Number(s): 073W14DB02300

(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): 16

Number of residential units occupied by low-income people: 15

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: 1

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: _____
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? \$45,161.26

Does this amount equal or exceed \$100 per unit per month per year? Yes No

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

Section C - Eligible Property

Do you own the property in question?

☒ Yes

☐ No

see below re: LP

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes

☐ No

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.*

Highland Station is owned by a Limited Partnership where Catholic Community Services Foundation, through its LLC: Highland Stations Partners LLC, is the General Partner. Catholic Community Services Foundation is responsible for maintaining the property through its property manager, Shelter Management Inc.

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose: *The mission of Catholic Community Services Foundation is to raise funds, provide other development services, manage an endowment fund, own and manage real property, and encourage and support programs and activities, limited solely and exclusively to the activities of Catholic Community Services of the Mid-Willamette Valley and Central Coast, Inc., an Oregon non-profit corporation.*

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

Yes

☒ No

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

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

We will re-evaluate in 2020-21

If so, by approximately how much? _____

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)? *Our first priority is to adequately fund Replacement Reserves and ensure that the property is up to date on scheduled maintenance and major systems updates. Once that objective has been met, any additional funds available as a result of a tax exemption will be invested in upgrading Resident Services. Specifically, our plan is to better integrate health and social services with our affordable housing properties.*

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

☒ Yes

No

If yes, please explain. *Cost savings resulting from Property Tax exemption will allow us to maintain the property to a higher standard and build strong capital replacement reserves.*

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: *N/A*

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:

James T. Seymour
Agency Chief Executive Officer (Signature)

James T Seymour

Agency Chief Executive Officer (Print or Type)

For:

Catholic Community Services Foundation

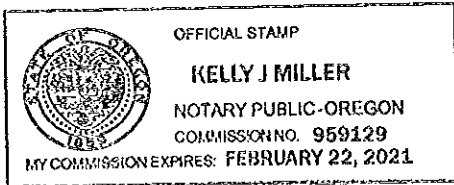
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 27 day of August, 2019.

[Signature]
Notary Public for Oregon (Signature)

Kelly J Miller
Notary Public for Oregon (Print or Type Name)

My Commission Expires 2/22/21



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 _____

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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 Ste 270 Salem, OR 97301

Telephone Number: 503.507.8248 / None
Business Alternate Phone

Email Address: beth@communityresourcetrust.com

Chief Executive Officer: Beth Hays

Contact Person Name and Number: Beth Hays 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: 2540 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): 073W138B05300 ; 073W138B05400

(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: 178

Number of residential units occupied by people who are not low-income people: 2

Number of vacant residential units: 2

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: 2018/2019
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? N/A - Not converted to perm loan.

Does this amount equal or exceed \$100 per unit per month per year? Yes ☒ No \$63K per year allocated in

Have you attached documentation to verify your capital reserve balance? Yes ☒ No Stabilized budget.

Have not converted from construction loan to perm loan. Upon conversion, funds will be allocated to reserve. We anticipate full conversion December 2019.

Section C - Eligible Property

Do you own the property in question? Yes No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

Yes

No

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 of Cornerstone Apartments Limited.

Partnership, owner of the property. General partner has .01% ownership interest and is responsible for day-to-day operations.

This is the typical ownership structure for the Low-Income Housing Tax Credits Model. A single-member ownership entity under a nonprofit organization is required

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. *to serve as general partner.*

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.

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 and affordable housing;
promotion of educational programs in Oregon.*

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

Yes ☒ No

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

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 rents*

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;
community leadership opportunities*

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

☒ Yes ☐ No

If yes, please explain.

Increase and maintain services and 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.

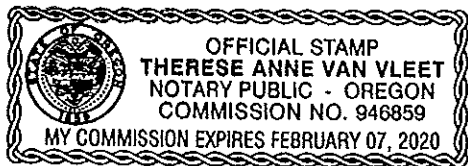
9. All the information in this application is true to the best of my belief and knowledge, and is for the purpose of determining eligibility for the City of Salem's tax exemption program.

By: BETH HAYS
Agency Chief Executive Officer (Signature)

BETH HAYS
Agency Chief Executive Officer (Print or Type)

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

SUBSCRIBED AND SWORN to before me this 6 day of Sept, 2019.



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

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

My Commission Expires 2/7/20

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 _____

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Section A – General Information

Please check one:

- ☐ Original Application
☐ Renewal Application

Corporate Name: Northwest Housing Alternatives

Address: 2316 SE Willard Street
Milwaukie, OR 97222

Telephone Number: (503) 654-1007 x101 / (503) 654-1007 x133
Business Alternate Phone

Email Address: hackworth@nwhousing.org

Chief Executive Officer: Trell Anderson

Contact Person Name and Number: Ray Hackworth, (503) 654-1007 x101

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: Northwest Housing Alternatives, Inc. DBA Oakhill Associates

Property Address: 3837 12th Street SE, Salem, OR 97302
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R84895

City of Salem Ward: 3

Tax lot Account Number(s): R84895

(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): 56

Number of residential units occupied by low-income people: 56

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: 2

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: 2/12/2018

(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? \$63,502.55

Does this amount equal or exceed \$100 per unit per month per year? ☒ Yes No

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

Section C - Eligible Property

Do you own the property in question? ☒ Yes ☐ No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes ☐ No

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.*

N/A

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose:

The relief of poverty through the development, construction, and operation of safe, sanitary, and dignified housing for low-income families and individuals; combating community deterioration through the development of such properties and by fostering community development in disadvantaged areas, as well as working with public and private entities to address the needs of low-income families and individuals across the state.

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

Yes

☒ No

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

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? \$22/unit/month

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)?

The savings from property tax exemptions help us to fund resident services at our properties.

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

☒ Yes

No

If yes, please explain.

The property tax exemption allows us to provide services we would not otherwise be able to afford, such as unit and playground upgrades.

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:

N/A

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: Northwest Housing Alternatives, Inc. DBA Sunnyslope Associates

Property Address: 1000 Cunningham Lane South, Salem, OR 97302
(Physical address of the property for which you are seeking an exemption)

Property Tax Account Number(s): R93454

City of Salem Ward: 7

Tax lot Account Number(s): R93454

(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): 50

Number of residential units occupied by low-income people: 50

Number of residential units occupied by people who are not low-income people: 0

Number of vacant residential units: 2

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: 2/12/2018
(For renewal applications only)

What is your capital reserve balance for maintenance and repairs? \$342,705.72

Does this amount equal or exceed \$100 per unit per month per year? ☒ Yes No

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

Section C - Eligible Property

Do you own the property in question? ☒ Yes ☐ No

A title report or County Assessor record, no more than thirty days old, is needed to document ownership. Have you provided documentation of ownership for the property?

☒ Yes ☐ No

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.*

N/A

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.

N/A

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.

N/A

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

Briefly describe your organization's charitable purpose:

The relief of poverty through the development, construction, and operation of safe, sanitary, and dignified housing for low-income families and individuals; combating community deterioration through the development of such properties and by fostering community development in disadvantaged areas, as well as working with public and private entities to address the needs of low-income families and individuals across the state.

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

Yes

☒ No

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

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? \$27/unit/month

Provide greater services to your low-income residential tenants?

☒ Yes

No

If yes, in what way(s)?

The savings from property tax exemptions help us to fund resident services at our properties.

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

☒ Yes

No

If yes, please explain.

The property tax exemption allows us to provide services we would not otherwise be able to afford, such as unit and playground upgrades.

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:

N/A

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: Trell Anderson
Agency Chief Executive Officer (Signature)

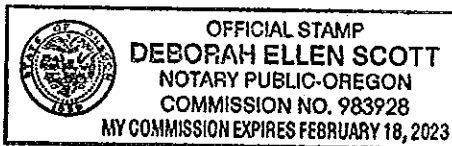
Trell Anderson
Agency Chief Executive Officer (Print or Type)

For: Northwest Housing Alternatives, Inc.
Corporate Name (Print or Type)

SUBSCRIBED AND SWORN to before me this 21 day of August, 2019.

Deborah Ellen Scott
Notary Public for Oregon (Signature)

Deborah Ellen Scott
Notary Public for Oregon (Print or Type Name)



My Commission Expires Feb. 18, 2023