

AFFIDAVIT OF PROPERTY OWNER'S LEASE TO:
A.R.S. §§ 42-12009(A)(5), 42-11132(A), 42-11132.01(A) and 42-11132.02

(Please check the appropriate box)

CHURCH, RELIGIOUS ASSEMBLY, RELIGIOUS INSTITUTION

CHARTER SCHOOL

RESIDENTIAL TREATMENT AND EDUCATION FACILITY (As defined by A.R.S. § 42-11001(14))

VETERANS' ORGANIZATIONS (As defined by A.R.S. § 42-11132.02)

Date: _____

Tax Year: _____

Parcel Number(s): _____

Personal Property Account Number: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Owner's Phone Number _____ Email Address: _____

Tenant's/Lessee's Name: _____

Tenant's/Lessee's Mailing Address: _____

Address of Property: _____

Gross Leasable Building Space: _____

Amount of Gross Leasable Building Space leased to the Church, Religious Assembly, Religious Institution, Charter School Residential Treatment and Education Facility or Veterans' Organizations as of January 1 of the Tax Year: _____

Date of Lease Agreement: _____ Lease Term: Begin Date _____ End Date _____

I hereby request that the Property that is occupied and used by the Lessee be reclassified by the County Assessor as Class Nine property pursuant to A.R.S. § 42-12009(A)(5) or (6).

If requested, I agree to provide, or will request that the Lessee provide, the County Assessor with proof of the nonprofit status of the Lessee Church, Religious Assembly, Religious Institution, Charter School, Residential Treatment and Education Facility or Veterans' Organizations and a copy of the complete lease agreement, along with any other information the County Assessor may require.

I affirm that the Lessee Church, Religious Assembly, Religious Institution, Charter School, Residential Treatment and Education Facility or Veterans' Organization shall be the sole beneficiary of any reduction in real property taxes resulting from this reclassification of the Property, or that portion of it which qualifies, as a result of the Property's exclusive use as a Church, Religious Assembly, Religious Institution, Charter School, Residential Treatment and Education Facility or Veterans' Organization for the entire valuation year. In addition, I certify that the lease rate that is charged to the Lessee is consistent with the lease rates that are charged to other tenants of the Property or a fair market rate.

Name of Property Owner/Agent (Please Print)

Property Owner/Agent Signature

Signature of Deputy Assessor or Notary

Date My Commission Expires

A new Affidavit must be filed with the County Assessor whenever there is a change in the terms of the lease involving this property.