

Applicant Name: _____

Docket No.: _____

**Addition to Exemption Application
K.S.A. 79-201b *Fourth*
(Housing for Low Income Persons)**

(Instructions: Please complete only one of the two sections below based upon the subsection of the statute under which exemption is requested, either K.S.A. 79-201b *Fourth* (a) or K.S.A. 79-201b *Fourth* (b).)

K.S.A. 79-201b *Fourth* (a) (Housing for Low Income Elderly or Handicapped Persons)

1. Name of organization.

2. List the specific Federal programs under which financing was received for the subject property.

3. If the organization operates cooperative housing pursuant to Sections 236 or 221(d)(3), or both, of the National Housing Act, provide documentary evidence.

4. **Enclose the following documentation:**

- A copy of the Articles of Incorporation and Bylaws of the organization.
- A copy of the Certificate of Good Standing issued by the Kansas Secretary of State demonstrating that the organization is currently active and in good standing.

K.S.A. 79-201b *Fourth* (b) (Temporary Housing for Low Income Single-Parent Families)

1. Name of organization.

2. Explain how you determine that the residents are (1) single-parent families, (2) with limited or low income, (3) in need of financial assistance. If you have a written policy or standard(s), please provide a copy.

3. Is the subject property is used exclusively for temporary housing of 24 months or less?

Yes No

If "No", explain.

4. Are the residents enrolled in a program to receive life training skills?

Yes No

If "Yes", explain the nature of the program.

5. Provide a copy of the organization's **Articles of Incorporation**. (If the organization is not a corporation, provide other documentary evidence to show that the organization is a charitable or religious organization.)

VERIFICATION

I, _____, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

Signature of Applicant

Printed Name and Title

State of _____)
County of _____)

This instrument was acknowledged before me on _____ by _____.

Seal

Signature of Notary Public

My appointment expires: _____