#### **RESOLUTION NO. 2956**

A RESOLUTION OF THE CITY OF WILSONVILLE GRANTING AN EXEMPTION FROM PROPERTY TAXES UNDER ORS 307.540 TO ORS 307.548 FOR CREEKSIDE WOODS LP, A LOW-INCOME APARTMENT DEVELOPMENT OWNED AND OPERATED BY NORTHWEST HOUSING ALTERNATIVES, INC.

WHEREAS, maintaining Wilsonville's existing affordable housing supply is necessary for its continued health and growth; and,

WHEREAS, Northwest Housing Alternatives (NHA), a not-for-profit organization, constructed the Creekside Woods LP, an affordable housing development located at 8725 SW Wilsonville Road, Wilsonville, Oregon; and,

WHEREAS, the Creekside Woods LP includes 84 residential units for people with low income; and,

WHEREAS, NHA is currently seeking to preserve Creekside Woods LP as affordable housing; and,

WHEREAS, a property tax exemption is essential to Creekside Woods LP's continuation as affordable housing; and,

WHEREAS, ORS 307.540 to 307.548 authorizes property tax exemptions for affordable housing owned by not-for-profit corporations and occupied by low-income persons; and,

WHEREAS, the City of Wilsonville wishes to adopt and/or ratify the policy set forth in those sections; and,

WHEREAS, NHA has requested a property tax exemption for its Creekside Woods LP development, pursuant to ORS 307.543(2); and,

WHEREAS, the City of Wilsonville and West Linn-Wilsonville School District property tax levies jointly comprise of more than 51% of the total combined rate of taxation on Creekside Woods LP; and,

WHEREAS, NHA has received an exempt status from the West Linn-Wilsonville School District for the Creekside Woods LP for property taxation arising under its jurisdiction unless and until terminated pursuant to ORS 307.548,

NOW, THEREFORE, THE CITY OF WILSONVILLE ORDAINS AS FOLLOWS:

- 1. The City of Wilsonville adopts the provisions of ORS 307.540 to 307.548.
- 2. NHA and its affordable housing development, Creekside Woods LP, qualify for a property tax exemption pursuant to ORS 307.540 to 307.548.

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- 3. The Assistant Finance Director is directed to request the Clackamas County Assessor to exempt Creekside Woods LP from taxation by all taxing jurisdictions pursuant to ORS 307.543(2), commencing on the first day of the tax assessment year beginning July 1, 2022.
- 4. This resolution is effective upon adoption for the upcoming 2022/2023 tax year.

ADOPTED by the Wilsonville City Council at a regular meeting thereof this 7<sup>th</sup> day of March 2022 and filed with the Wilsonville City Recorder this date.

ATTEST:

DocuSigned by:

Kimberly Veliz

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Kimberly Veliz, City Recorder

#### **SUMMARY OF VOTES:**

Mayor Fitzgerald YES
Council President Akervall YES
Councilor Lehan YES
Councilor West YES
Councilor Linville YES

#### **EXHIBIT:**

A. Property Tax Exemption Application

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2316 SE Willard, Milwaukie, Oregon 97222 p: 503.654.1007 • f: 503.654.1319 • www.nwhousing.org

January 15, 2022

City of Wilsonville
Attn: Finance Department
29799 SW Town Center Loop East
Wilsonville, OR 97070

Dear Katherine,

At the time of submission of our application for property tax exemption, NHA's Wilsonville properties have the following vacancy statistics:

- Autumn Park Apartments 5 unit vacant, 97% occupancy
- The Charleston Apartments 0 units vacant, 100% occupancy
- Creekside Woods Apartments 0 unit vacant, 100% occupancy

These units are intended to be occupied within the year. Like all other units at the properties, they will be available exclusively to eligible low-income persons.

Thank you for your consideration of our application.

Jell anderson

Kind Regards,

Trell Anderson, Executive Director

### APPLICATION

# PROPERTY TAX EXEMPTION FOR LOW-INCOME HOUSING HELD BY CHARITABLE, NONPROFIT ORGANIZATIONS

|              |              | (For Office Use Only)                             |                  |  |
|--------------|--------------|---|------------------|--|
| City of Wils | onville,     | Oregon \$250 Applie                               | cation Fee       |  |
| Date Receive | ed: _ 2      | 1/22 50 Renewa                                    | \$50 Renewal Fee |  |
|              |              | •   |                  |  |
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| Section A –  | Applic       | ant Information                                   |                  |  |
| Corporate N  | ame: _l      | Northwest Housing Alternatives                    |                  |  |
| Address: _2  | 316 SE       | Willard Street, Milwaukie, OR 97222               |                  |  |
| Telephone:   | _(50<br>Busi | 3) 654-1007 Residence (                           | Optional)        |  |
| Email Addre  | ess: _cl     | eveland@nwhousing.org & christensen@nwhousing     | g.org            |  |
| Chief Execu  | tive Of      | ficer: _Trell Anderson                            |                  |  |
| Contact Pers | on: R        | ay Hackworth Telephone: (503) 654-1               | 007 x 101        |  |

| Section B – Property to be Considered for Exemption  |  |  |  |  |
|--|--|--|--|--|
| (Sections B, C, and D must be filled out for each building for which you are requesting a exemption)   |  |  |  |  |
| Organization:Autumn Park Apartments  |  |  |  |  |
| Property Address: 10920 SW Wilsonville Road, Wilsonville, OR 97070   |  |  |  |  |
|  |  |  |  |  |
| Assessor's Property Tax Account Number(s):00818388   |  |  |  |  |
| (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 property tax account numbers.)  |  |  |  |  |
| Total number of residential units in the building: _144  |  |  |  |  |
| Number of residential units occupied by very low-income people: _144   |  |  |  |  |
| Total square feet in building: _116,928  |  |  |  |  |
| Total square feet used to house very low-income people <sup>1</sup> 116928   |  |  |  |  |
| Section C – Leasehold Interest in Eligible Property  Do you own the property in question?xYesNo  If you answered "no" to the above question, do you have leasehold interest in the property? YesNo   |  |  |  |  |
| If yes, please 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 served rather than the owner or corporation from whom you lease. |  |  |  |  |
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<sup>&</sup>lt;sup>1</sup> This includes halls, baths, dining, and other space dedicated to residential use. Retail uses and other accessory uses not related to residential use are not to be counted.

# Section D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)

| Will tl  | ne cost savings resulting from the proposed tax exemption enable you to do the following?   |
|----------|---|
| 1.       | Reduce the rents that your very low-income residential tenants pay on the property in question? _x_YesNo If so, by approximately how much? _\$90 /unit/month          |
| 2.       | Provide greater services to your very low income residential tenants? _X_Yes No.  |
| 3.       | If yes, in what way(s)? _All cost savings are passed directly through to the tenants in the   |
|          | form of reduced rents   |
| 4.       | Provide any other benefit to your very low-income residential tenants?xYesNo.  If yes, please explain: _NHA Provides a robust Resident Services program that directly |
|          | lease the property identified in this application, to what extent does your lease agreement de with the timeframe of the qualifying tax year? Please Explain:         |
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| Section B – Property to be Considered for Exemption  |  |  |  |
|--|--|--|--|
| (Sections B, C, and D must be filled out for each building for which you are requesting a tax exemption)   |  |  |  |
| Organization:The Charleston Apartments   |  |  |  |
| Property Address: 11609 SW Toulouse Road, Wilsonville, OR 97070  |  |  |  |
|  |  |  |  |
| Assessor's Property Tax Account Number(s):05021215, 05021232   |  |  |  |
| (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 property tax account numbers.)  |  |  |  |
| Total number of residential units in the building: _52   |  |  |  |
| Number of residential units occupied by very low-income people: _51  |  |  |  |
| Total square feet in building: _35,493   |  |  |  |
| Total square feet used to house very low-income people <sup>2</sup> 35,493   |  |  |  |
| Section C – Leasehold Interest in Eligible Property  Do you own the property in question?xYesNo  If you answered "no" to the above question, do you have leasehold interest in the property? YesNo   |  |  |  |
| If yes, please 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 served rather than the owner or corporation from whom you lease. |  |  |  |
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<sup>&</sup>lt;sup>2</sup> This includes halls, baths, dining, and other space dedicated to residential use. Retail uses and other accessory uses not related to residential use are not to be counted.

# Section D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)

| Will th | ne cost savings resulting from the proposed tax exemption enable you to do the following?  |
|---------|--|
| 1.      | Reduce the rents that your very low-income residential tenants pay on the property in question?xYesNo If so, by approximately how much? _\$47 /unit/month              |
| 2.      | Provide greater services to your very low income residential tenants? _X_Yes No.   |
| 3.      | If yes, in what way(s)? _All cost savings are passed directly through to the tenants in the  |
|         | form of reduced rents  |
| 4.      | Provide any other benefit to your very low-income residential tenants?x_YesNo.  If yes, please explain: _NHA Provides a robust Resident Services program that directly |
| If you  | lease the property identified in this application, to what extent does your lease agreement de with the timeframe of the qualifying tax year? Please Explain:          |
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|         | // 2/10/26   |
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| Section B – Property to be Considered for Exemption  |  |  |  |  |
|--|--|--|--|--|
| (Sections B, C, and D must be filled out for each building for which you are requesting a ta exemption)  |  |  |  |  |
| Organization:Creekside Woods Limited Partnership   |  |  |  |  |
| Property Address: 7825 SW Wilsonville Road, Wilsonville, OR 97070  |  |  |  |  |
|  |  |  |  |  |
| Assessor's Property Tax Account Number(s):05022666   |  |  |  |  |
| (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 property tax account numbers.)  |  |  |  |  |
| Total number of residential units in the building: _84   |  |  |  |  |
| Number of residential units occupied by very low-income people: _84  |  |  |  |  |
| Total square feet in building: _73,042   |  |  |  |  |
| Total square feet used to house very low-income people <sup>3</sup> 73,042   |  |  |  |  |
| Section C - Leasehold Interest in Eligible Property  Do you own the property in question?xYesNo  If you answered "no" to the above question, do you have leasehold interest in the property? YesNo   |  |  |  |  |
| If yes, please 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 served rather than the owner or corporation from whom you lease. |  |  |  |  |
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<sup>&</sup>lt;sup>3</sup> This includes halls, baths, dining, and other space dedicated to residential use. Retail uses and other accessory uses not related to residential use are not to be counted.

# Section D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)

| Will th | ne cost savings resulting from the proposed tax exemption enable you to do the following?   |
|---------|---|
| 1.      | Reduce the rents that your very low-income residential tenants pay on the property in question? _x_YesNo If so, by approximately how much? _\$35 /unit/month          |
| 2.      | Provide greater services to your very low income residential tenants? _X_Yes No.  |
| 3.      | If yes, in what way(s)? _All cost savings are passed directly through to the tenants in the   |
|         | form of reduced rents   |
| 4.      | Provide any other benefit to your very low-income residential tenants?x_YesNo.  If yes, please explain: NHA Provides a robust Resident Services program that directly |
|         | lease the property identified in this application, to what extent does your lease agreement de with the timeframe of the qualifying tax year? Please Explain:         |
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#### Section E- Declarations

Please read carefully and sign below before a notary.

- 1. I have attached to this application the IRS declaration of the status of application as a tax exempt corporation under 26 U.S.C. Section 501(c)(3) or (4).
- 2. I am aware that the income qualifying tenants must meet the income guidelines in accordance with 42 U.S.C. Section 1437 (a)(b)(2) as amended. See Attachment A, Income Eligibility Schedule). Tenant incomes do not exceed these limitations, as I verily believe.
- 3. I am aware of all requirements for tax exemption imposed by ORS 307.540-307.545 (Chapter 660 Oregon Laws 1985, as amended by Chapter 756 Oregon Laws 1987) and implemented by Resolution No. 1854 of the City of Wilsonville.
- 4. The above-described properties qualify or will qualify upon completion of any rehabilitation improvements and subsequent occupancy by very low-income residents for property tax exemption within 30 days of the April 1st application or the date of approval.

| Ву:  | Agency Chief Executive Officer (Signature)                        |
|------|---|
|      | _Trell AndersonAgency Chief Executive officer (Print or typed)    |
| For: | _Northwest Housing Alternatives<br>Corporate Name (Print or type) |

Subscribed and sworn to before me this 27th day of January, 2022.

Notary Public For Oregon
My Commission Expires: February 18, 2023

OFFICIAL STAMP
DEBORAH ELLEN SCOTT
NOTARY PUBLIC-OREGON
COMMISSION NO. 983928
MY COMMISSION EXPIRES FEBRUARY 18, 2023

Department of the Treasury

Internal Revenue Service
District Director
P 0 80X 486
LOS ANGELES, CA 900530486

AUG 2 4 1989

Date:

NORTHWEST HOUSING ALTERNATIVES INC 2316 SOUTH EAST WILLARD STREET MILWAUKIE, OR 97222 Employer Identification Number:
93-0814473
Case Number:
958131104
Contact Person:
TERRY IZUMI
Contact Telephone Number:
(213) 894-4170

Our Letter Dated: Dec.17, 1985 Caveat Applies: no

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a) (1) and 170(b) (1) (A) (vi). Your exempt status under section 501(c) (3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

If you have any questions, please contact the person whose name and telephone number are shown above.

Singerely yours

Frederick C. Nielsen

District Director