EXHIBIT "A" TO CLAIM FOR TAX EXEMPTION

PROPERTY OWNED AND OPERATED BY A NON-PROFIT ORGANIZATION PROVIDING LOW-RENT HOUSING FOR ELDERLY AND THE PHYSICALLY AND MENTALLY HANDICAPPED.

NAME OF COF	RPORATION					_		
TOTAL NUMBER OF APARTMENTS:		NUMBER OF APARTMENTS RENTED AS OF JANUARY 1ST						
CHECK ALL UTILITIES INCLUDED WIT		TH RENT: HEAT	ELECTRICITY	_WATER & SEWER _	GARBAGE	_		
CHECK IF INCLUDED WITH RENT:		FURNISHED APARTMENT _	STOVE	REFRIGERATOR	OTHER	_		
Apartment Number	Square foot of each Apartment	Name of Occupant	Birth date of Occupant	Rent paid by Occupant	Amount of Rent subsidized	_		
Data		Above Information Prepar	ed By:		Titlo			

Apartment Number	Square foot of each Apartment	Name of Occupant	Birth date of Occupant	Rent paid by Occupant	Amount of Rent subsidized
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