EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



David Peets Alpine County Assessor/Recorder

50 Diamond Valley Rd. P.O. Box 155 Markleeville, CA 9612

State of California, County of	
(name of person making claim)	₁
who is filing this claim as, or on behalf of, the	of the property described
1. That as	
	(officer)
2. of the	
(name of	tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claimed	ZIP_
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053	and related facilities for tenants who are persons of low income as define table federal, state, or local financial assistance agreements and the renof the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attache avit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	or first time filers)
 a tribally designated housing entity (documentation req inure to the benefit of any private shareholder. 	uired for first time filers) which is nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income 	lly binding document requiring that at least 30% of the housing units a e tenants.
	 Lower-Income Households, is also required to be filed with the Assess are and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CI	ERTIFICATION
	s of the State of California that the foregoing and all information hereon, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE