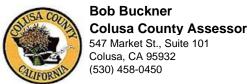
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



01.1.10.111.1.0.1.1	COSO, 100 C 100
State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	ribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	f tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
the location of the property for which exemption is claimed (give complete address)	(give complete mailing address) is
5. That this claim for exemption is made for the 20 20_	fiscal year on the leased property described above.
 That at least 30% of the housing are used for rental housing in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053 	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached
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 requirements to the benefit of any private shareholder. 	uired fo <mark>r first time file</mark> rs) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income	lly bin <mark>ding docume</mark> nt requ <mark>iring that</mark> at least <mark>30</mark> % of the housing units are etenants.
	 Lower-Income Households, is also required to be filed with the Assesso ue 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
	()
CE	ERTIFICATION
I certify (or declare) under penalty of perjury under the laws	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

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

