## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

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



## **Gus Kramer County Assessor**

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

State of California, County of	
(name of person making claim) who is filing this claim as, or on behalf of, the	, of the property described
herein, states:	(tribe or tribally designated housing, owner and/or entity)
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 cl	
(give c <mark>om</mark> ple	
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 of charged do not exceed the limits provided in section	nousing and related facilities for tenants who are persons of low income as defined rapplicable federal, state, or local financial assistance agreements and the rents 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached. e affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation req	uired for first time filers)
<ul> <li>a tribally designated housing entity (documentat inure to the benefit of any private shareholder.</li> </ul>	ion required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-	er legally binding document requiring that at least 30% of the housing units are income tenants.
	busing — Lower-Income Households, is also required to be filed with the Assessor Revenue and Taxation Code for those tribes or tribally designated housing entities using.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
I certify (or declare) under penalty of perjury under to	he laws of the State of California that the foregoing and all information hereon,
	ments, 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.

