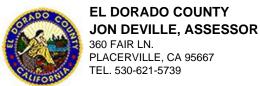
## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**



State of California, County of	- UFORW
(name of person making claim)  who is filling this claim as, or on behalf of, the	, of the property described
herein, states: (tribe or tribal)	lly designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	pe or tribally designated housing entity)
3. the mailing address of which is	re complete mailing address)
4. the location of the property for which exemption is claimed is	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 applicable charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined the federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial mat the tenants' incomes and rents do not exceed those limits is attached to
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for f	
[ ] a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.	ed fo <mark>r first time file</mark> rs) which is non <mark>pr</mark> ofit and <mark>no</mark> part of those net earnings
<ol> <li>That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to</li> </ol>	bin <mark>din</mark> g doc <mark>ume</mark> nt re <mark>quiring that</mark> at least <mark>30</mark> % of the housing units are enants.
	Lower-Income Households, is also required to be filed with the Assessor 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(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS  ( )
	TIFICATION
	f the State of California that the foregoing and all information hereon, 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.

