## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Robert Menvielle Imperial County Assessor 940 W. Main Street Suite 115

El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

(name of person making claim)	;
who is filing this claim as, or on behalf of, the	or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(nam	ne 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 claime	ed is
5. That this claim for exemption is made for the 20	20fiscal year on the leased property described above.
<ol> <li>That at least 30% of the housing are used for rental hous in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 500</li> </ol>	ing and related facilities for tenants who are persons of low income as define plicable federal, state, or local financial assistance agreements and the rent 53 of the Health and Safety Code or applicable federal, state, or local financia ning that the tenants' incomes and rents do not exceed those limits is attached
7. That the property is owned and operated by an 🗌 owr	ner operator owner/operator
[ ] a federally recognized tribe (documentation required	d for first time filers)
	required for first time filers) which is nonprofit and no part of those net earning
<ol> <li>That there is a deed restriction, agreement, or other least occupied by or held for occupancy by qualifying low-inco</li> </ol>	gally binding document requiring that at least 30% of the housing units arong the tenants.
	ng — Lower-Income Households, is also required to be filed with the Assesso enue and Taxation Code for those tribes or tribally designated housing entitie g.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by(Assessor's designee)	inter
	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on	
(date)	—
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, ts, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
SIGNATURE OF PERSON MAKING CLAIM	



