EXEMPTION OF LOW-INCOME TRIBAL HOUSING

County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526

State of California, County of	inyoassessor@inyocounty.us
(name of person making claim) who is filing this claim as, or on behalf of, the	, of the property described
herein, states: (tribe or triball	y designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
3. the mailing address of which is	e complete mailing address)
(give complete address)	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 the sectio	od related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial at 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 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 no part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income to	pin <mark>di</mark> ng document requiring that at least 30% 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	nours for additional information?
(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
(county of city)	
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
CED	() ()
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon,	
including any accompanying statements or documents, is to SIGNATURE OF PERSON MAKING CLAIM	rue, correct and complete to the best of my knowledge and belief. TITLE DATE
SIGNALURE OF PERSON MAKING CLAIM	DATE

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

