EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Office of the Assessor **Kings County** 1400 W. Lacey Blvd.

Hanford, CA. 93230 559-852-2486 fax 559-582-2794

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(name o	of tribe or tribally designated housing entity)
3. the mailing address of which is4. the location of the property for which exemption is claimed	(give complete mailing address)
(give complete addre	ZIP
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 housin in section 50079.5 of the Health and Safety Code or appli 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 ag that the tenants' incomes and rents do not exceed those limits is attached.
7. That the property is owned and operated by an owne	operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
 a tribally designated housing entity (documentation recinure to the benefit of any private shareholder. 	quired for first time filers) 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-incompanies.	ally binding document requiring that at least 30% of the housing units are ne tenants.
	— Lower-Income Households, is also required to be filed with the Assessor use and Taxation Code for those tribes or tribally designated housing entities
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)	DANGING DUONG WINDER
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
C	ERTIFICATION
	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.

