EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION

P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231

State of California, County of	Fax: (415) 473-6255 www.marincounty.gov
who is filing this claim as, or on behalf of, the	of the property described designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	or tribally designated housing entity)
the mailing address of which is 4. the location of the property for which exemption is claimed is (give complete address)	complete mailing address) ZIP ZIP
5. That this claim for exemption is made for the 20 - 20	fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rental housing an in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the section 50053 of the sec	d related facilities for tenants who are persons of low income as defined e federal, state, or local financial assistance agreements and the rents he 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 owner	operator owner/operator
[] a federally recognized tribe (documentation required for fi	rst time filers)
 a tribally designated housing entity (documentation require inure to the benefit of any private shareholder. 	d for <mark>first time filers) which is nonpr</mark> ofit and <mark>no</mark> part of those net earnings
8. That there is a deed restriction, agreement, or other legally loccupied by or held for occupancy by qualifying low-income te	pinding document requiring that at least 30% of the housing units are na <mark>nt</mark> s.
	ower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities Whom should we contact during normal business
Received by	hours for additional information?
(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
CERT	TIFICATION
	the State of California that the foregoing and all information hereon, ue, 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.

