EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of _



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

(name of person making claim)	;
who is filing this claim as, or on behalf of, the	e or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(nan	ne of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claim	ZIP
5. That this claim for exemption is made for the 20	20fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or ap charged do not exceed the limits provided in section 500	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 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 fidavit.
7. That the property is owned and operated by an own	ner operator owner/operator
[] a federally recognized tribe (documentation require	d for first time filers)
	required for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco	egally binding document requiring that at least 30% of the housing units are one 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 entities g.
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(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
THIS EXEMPTION CLAIM IS A PUBLIC	C RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

