EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106

Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

(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	
(name	e of tribe or tribally designated housing entity)
 the mailing address of which is	(give complete mailing address)
(give complete addr	ZIP
5. That this claim for exemption is made for the 202	20fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or app charged do not exceed the limits provided in section 5005	ng and related facilities for tenants who are persons of low income as define licable federal, state, or local financial assistance agreements and the rent 3 of the Health and Safety Code or applicable federal, state, or local financia ing that the tenants' incomes and rents do not exceed those limits is attached idavit.
7. That the property is owned and operated by an 🗌 own	er operator owner/operator
[] a federally recognized tribe (documentation required	I for first time filers)
	equired for first time filers) which is nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-income income in the second secon	gally binding document requiring that at least 30% of the housing units ar me tenants.
	g — Lower-Income Households, is also required to be filed with the Assesson nue 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(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
ON(date)	—
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
including any accompanying statements or documents	ws of the State of California that the foregoing and all information hereon, s, 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.