## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

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



**Mono County Office Of The Assessor** Barry Beck, Assessor

PO Box 456

Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

State of California, County of	Website: www.monocounty.ca.gov/assessor
	<del>-</del> ,
who is filing this claim as, or on behalf of, the	designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(name of tribe	or tribally designated housing entity)
3. the mailing address of which is	complete mailing address)
4. the location of the property for which exemption is claimed is	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 a federal, state, or local financial assistance agreements and the rents be 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 fi	rst time filers)
<ul> <li>a tribally designated housing entity (documentation require inure to the benefit of any private shareholder.</li> </ul>	d for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income te	in <mark>din</mark> g 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 Assesson 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	IFICATION
	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
<u> </u>	

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

