EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

who is filing this claim as, or on behalf of, the	esignated housing, owner and/or entity) of the property described		
1. That as			
	(officer)		
2. of the			
(name of tribe or tribally designated housing entity)			
 the mailing address of which is	mplete mailing address		
(give complete address)			
in section 50079.5 of the Health and Safety Code or applicable to charged do not exceed the limits provided in section 50053 of the	fiscal year on the leased property described above. related facilities for tenants who are persons of low income as defined federal, state, or local financial assistance agreements and the rents Health and Safety Code or applicable federal, state, or local financial 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 first	t time filers)		
[] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning inure to the benefit of any private shareholder.			
 That there is a deed restriction, agreement, or other legally binding document requiring that at least 30% of the housing units a occupied by or held for occupancy by qualifying low-income tenants. 			
	ver-Income Households, is also required to be filed with the Assessor 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 (county or city)	ADDRESS (street, city, state, zip code)			
ON(date)				
	DAYTIME PHONE NUMBER EMAIL ADDRESS			
CERTIFICATION				
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, 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.

