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

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



## Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca or

State of California, County of	assessor@nevadacountyca.gov
(name of person making claim)  who is filing this claim as, or on behalf of, the	, of the property described  y designated housing, owner and/or entity)
	(officer)
2. of the	or tribally designated housing entity)
<ul> <li>3. the mailing address of which is</li></ul>	e complete mailing address)  ZIP
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the sectio	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)
inure to the benefit of any private shareholder.  8. That there is a deed restriction, agreement, or other legally I	ed for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are
	nants.  .ower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
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	
OIGNATORE OF PERSON MARRING CEATIVE	DATE

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

