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

Claude Parrish **Orange County Assessor** Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 www.ocgov.com/assessor

State of California, County of	TORES
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe or tr	ribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	f tribe or tribally designated housing entity)
<ul><li>3. the mailing address of which is</li></ul>	ZIP
<ul> <li>5. That this claim for exemption is made for the 20 20_</li> <li>6. That at least 30% of the housing are used for rental housing</li> </ul>	fiscal year on the leased property described above.  g and related facilities for tenants who are persons of low income as defined
charged do not exceed the limits provided in section 50053	cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial g that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	or first time filers)
<ul> <li>a tribally designated housing entity (documentation requirements to the benefit of any private shareholder.</li> </ul>	uired fo <mark>r first time filers) wh</mark> ich is nonprofit and <mark>no</mark> part of those net earnings
<ol> <li>That there is a deed restriction, agreement, or other legal occupied by or held for occupancy by qualifying low-income</li> </ol>	lly bin <mark>ding docume</mark> nt requiring that at least <mark>30</mark> % of the housing units are e tenants.
	<ul> <li>Lower-Income Households, is also required to be filed with the Assessor are and Taxation Code for those tribes or tribally designated housing entities</li> </ul>
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	EDITIEICATION
CERTIFICATION  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon,	
	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.

