## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of \_\_



## Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

(name of person making claim)	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally 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	(give complete mailing address)
4. the location of the property for which exemption is cl	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 of charged do not exceed the limits provided in section	nousing and related facilities for tenants who are persons of low income as define rapplicable federal, state, or local financial assistance agreements and the rent 50053 of the Health and Safety Code or applicable federal, state, or local financia iffirming that the tenants' incomes and rents do not exceed those limits is attached e affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation req	uired for first time filers)
[ ] a tribally designated housing entity (documentat inure to the benefit of any private shareholder.	ion required for first time filers) which is nonprofit and no part of those net earning
<ol> <li>That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-</li> </ol>	er legally binding document requiring that at least 30% of the housing units ar income tenants.
	busing — Lower-Income Households, is also required to be filed with the Assesso Revenue and Taxation Code for those tribes or tribally designated housing entitie using.
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	
(686)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	he laws of the State of California that the foregoing and all information hereon, nents, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE
	BLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

