EXEMPTION OF LOW-INCOME TRIBAL HOUSING

Joseph E. Holland Santa Maria (805) 346-8310

County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550

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

State of California, County of	
(name of person making claim)	-,
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	r tribally designated housing entity)
3. the mailing address of which is	complete mailing address) ZIP
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.
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of the	related facilities for tenants who are persons of low income as define federal, state, or local financial assistance agreements and the rent e Health and Safety Code or applicable federal, state, or local financiat 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 fir	st time filers)
 a tribally designated housing entity (documentation required inure to the benefit of any private shareholder. 	d for first time filers) which is nonprofit and no part of those net earning
8. That there is a deed restriction, agreement, or other legally be occupied by or held for occupancy by qualifying low-income terms.	inding document requiring that at least 30% of the housing units areants.
	ower-Income Households, is also required to be filed with the Assessond Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information?
(Assessor's designee)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	
On	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.

