State of California, County of

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

## **Greg Monteverde Acting Assessor**

**Exemption Division** 130 W Tasman Drive San Jose, CA 95134

Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org

	www.sccassessor.org
(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	ZIP
4. the location of the property for which exemption i	(give complete mailing address) s claimed is mplete address)
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 Cod charged do not exceed the limits provided in secti	al housing and related facilities for tenants who are persons of low income as defined a or applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial affirming that the tenants' incomes and rents do not exceed those limits is attached. Once affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[ ] a federally recognized tribe (documentation	required for first time filers)
<ul> <li>a tribally designated housing entity (documer inure to the benefit of any private shareholder)</li> </ul>	tation required for first time filers) which is nonprofit and no part of those net earnings or.
<ol><li>That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying l</li></ol>	ther legally binding document requiring that at least 30% of the housing units are ow-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor are Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by	NAME NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
cortify (or declare) under sensity of serious and	CERTIFICATION  or the laws of the State of California that the foregoing and all information hereon,
	cuments, 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.

