State of California, County of

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

OF WIA CLARE

## **Greg Monteverde Acting Assessor**

Exemption Division 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 FAX

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	e or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	me 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 claim	ned is
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 appointment of the charged do not exceed the limits provided in section 500.	sing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial ning that the tenants' incomes and rents do not exceed those limits is attached. ffidavit.
7. That the property is owned and operated by an own	ner operator owner/operator
[ ] a federally recognized tribe (documentation require	ed for first time filers)
[ ] a tribally designated housing entity (documentation rinure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
<ol><li>That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inco</li></ol>	egally bin <mark>din</mark> g docu <mark>me</mark> nt requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities ng.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
	nours for additional information?
Received by	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
, ,	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, its, 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.

