EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



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

State of California, County of	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)
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 claimed is
(give	complete address)
5. That this claim for exemption is made for the 20	- 20 fiscal year on the leased property described above.
6. That at least 30% of the housing are used for rei in section 50079.5 of the Health and Safety Cocharged do not exceed the limits provided in sec	ntal housing and related facilities for tenants who are persons of low income as defined de or applicable federal, state, or local financial assistance agreements and the rents ction 50053 of the Health and Safety Code or applicable federal, state, or local financial ant affirming that 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	n required for first time filers)
 a tribally designated housing entity (docume inure to the benefit of any private sharehold 	entation required for first time filers) which is nonprofit and no part of those net earnings der.
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	other legally binding document requiring that at least 30% of the housing units are low-income tenants.
	7, Housing — Lower-Income Households, is also required to be filed with the Assessor the Revenue and Taxation Code for those tribes or tribally designated housing entities at Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours fo <mark>r</mark> additional information?
Received by	NAME
(access,	INAMIE
of(county or city)	ADDRESS (street, city, state, zip code)
(1111)	
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	der the laws of the State of California that the foregoing and all information hereon,
	locuments, 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.

