EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636 Intra_County toll free: 1(800)479-8009

(name of person making claim)	,
who is filing this claim as, or on behalf of, the	ibe or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
(n	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 wh <mark>ich exemptio</mark> n is <mark>cl</mark> air	
give c <mark>om</mark> plete a	address)
	- 20 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or a charged do not exceed the limits provided in section 50	using and related facilities for tenants who are persons of low income as defined pplicable federal, state, or local financial assistance agreements and the rents 1053 of the Health and Safety Code or applicable federal, state, or local financial rming that the tenants' incomes and rents do not exceed those limits is attached. affidavit.
7. That the property is owned and operated by an owned and operated by an	wner operator owner/operator
[] a federally recognized tribe (documentation requir	red for first time filers)
[] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
 That there is a deed restriction, agreement, or other occupied by or held for occupancy by qualifying low-indication. 	legally binding document requiring that at least 30% of the housing units are come tenants.
	sing — Lower-Income Households, is also required to be filed with the Assessor venue and Taxation Code for those tribes or tribally designated housing entities ing.
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	
(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
l antific (an da lana) undar a sa the star since of the	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, ents, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

