EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888

FAX: (707) 565-3318

State of California, County of	FAX: (707) 565-3317
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described or tribally designated housing, owner and/or entity)
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 clain	ned is
(give c <mark>om</mark> plete a	
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 archarged do not exceed the limits provided in section 50	sing and related facilities for tenants who are persons of low income as defined oplicable federal, state, or local financial assistance agreements and the rents 053 of the Health and Safety Code or applicable federal, state, or local financial ming that the tenants' incomes and rents do not exceed those limits is attached. Iffidavit.
7. That the property is owned and operated by an ow	vner operator owner/operator
[] a federally recognized tribe (documentation require	ed for first time filers)
inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings egally binding document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying low-inc	
	ing — Lower-Income Households, is also required to be filed with the Assessor venue 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?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	CERTIFICATION
	laws of the State of California that the foregoing and all information hereon, nts, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

