EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Kathy Scriven Sutter County Assessor

1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

State of California, County of	
who is filing this claim as, or on behalf of, theherein, states: 1. That as	(tribe or tribally designated housing, owner and/or entity) of the property described
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is4. the location of the property for which exemption is cl	(give complete mailing address)
	20 fines I year on the leased preparty described above
in section 50079.5 of the Health and Safety Code of charged do not exceed the limits provided in section	housing and related facilities for tenants who are persons of low income as defined applicable federal, state, or local financial assistance agreements and the rents 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.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation req	quired for first time filers)
inure to the benefit of any private shareholder. 8. That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low-	
	ousing — Lower-Income Households, is also required to be filed with the Assessor Revenue and Taxation Code for those tribes or tribally designated housing entities ousing.
FOR ASSESSOR'S USE ONLY Received by (Assessor's designee)	Whom should we contact during normal business hours for additional information?
(IVAIVIL
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(duty)	DAYTIME PHONE NUMBER EMAIL ADDRESS ()
	CERTIFICATION
	the laws of the State of California that the foregoing and all information hereon, ments, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE