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 Fmail: assessor@co.sutter.ca.us

| State of California, County of | |
|--|---|
| who is filing this claim as, or on behalf of, the | , of the property described |
| | (officer) |
| 2. of the | e or tribally designated housing entity) |
| 3. the mailing address of which is | e complete mailing address) ZIP |
| (give complete address) | ZIP |
| 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 applicab charged do not exceed the limits provided in section 50053 of | nd related facilities for tenants who are persons of low income as defined le federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial nat 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 required for f | first time filers) |
| inure to the benefit of any private shareholder. | ed for first time filers) which is nonprofit and no part of those net earnings binding document requiring that at least 30% of the housing units are |
| occupied by or held for occupancy by qualifying low-income to | |
| | Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities |
| FOR ASSESSOR'S USE ONLY | Whom should we contact during normal business |
| Received by(Assessor's designee) | hours fo <mark>r</mark> additional information? |
| Of(county or city) | ADDRESS (street, city, state, zip code) |
| On(date) | |
| | DAYTIME PHONE NUMBER EMAIL ADDRESS () |
| CER | TIFICATION |
| | f the State of California that the foregoing and all information hereon, 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.

