## **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	
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states:  1. That as	(tribe or tribally designated housing, owner and/or entity)
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
<ul><li>3. the mailing address of which is</li><li>4. the location of the property for which exemption is</li></ul>	(give complete mailing address)
(give co	mplete address)
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 charged do not exceed the limits provided in sections.	al housing and related facilities for tenants who are persons of low income as defined to applicable federal, state, or local financial assistance agreements and the rents on 50053 of the Health and Safety Code or applicable federal, state, or local financial at affirming that the tenants' incomes and rents do not exceed those limits is attached. Once affidavit.
7. That the property is owned and operated by an $lacksquare$	owner operator owner/operator
[ ] a federally recognized tribe (documentation	required for first time filers)
inure to the benefit of any private shareholde	tation required for first time filers) which is nonprofit and no part of those net earnings er.  other legally binding document requiring that at least 30% of the housing units are
occupied by or held for occupancy by qualifying le	
	Housing — Lower-Income Households, is also required to be filed with the Assessor be Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
Received by	hours for additional information?
( decision of deci	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	
(auto)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
	CERTIFICATION
	er the laws of the State of California that the foregoing and all information hereon, cuments, 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.

