|  |  | NA CO  | Burley Phillips  |  |
|--|--|--|--|--|
| 37-R04-0518-520001                     | 123-1  |  | Tehama County Assessor   |  |
| 30E-237 REV. 04 (05-18)                |  |  | 444 Oak Street - Room B  |  |
| EXEMPTION OF LOW-INCOME TRIBAL HOUSING |  |  | 7 P. O. Box 428<br>Red Bluff, CA 96080                                       |  |
| To receive the full exempt             | tion, this claim must be filed with the Ass  | essor by February 15.  | (530) 527-5931   |  |
|  |  |  | Fax (530) 529-4019   |  |
| State of California,                   | County of  |  | assessor@tehama.gov<br>Hours:8am-5pm Monday through Friday                   |  |
|  |  |  | Hours.cam-opin Monday through Fliday   |  |
|  | (name of person making claim)  | ,  |  |  |
| who is filing this clain               | n as, or on behalf of, the   |  | of the property described  |  |
| herein, states:                        |  | (tribe or tribally designated housing, owner and/or                          | entity)  |  |
| 1. That as                             |  |  |  |  |
|  |  | (officer)  |  |  |
|  |  | (oncer)  |  |  |
| 2. of the                              |  | (name of tribe or tribally designated housing entity                         | )  |  |
| 2 the mailing address                  |  |  |  |  |
| 3. the mailing addres                  | ss of which is   | (give complete mailing address)  | ZIP  |  |
| 4 the location of the                  | property for which exemption is cla  | aimed is   |  |  |
|  | property for which exemption is on   |  |  |  |
|  |  |  | ZIP  |  |
|  | (give c <mark>om</mark> ple  | ete address)   |  |  |
| 5. That this claim for                 | exemption is made for the 20   | 20 fiscal year on the lea  | sed property described above.  |  |
| 6. That at least 30%                   | of the housing are used for rental h   | ousing and related facilities for ter  | ants who are persons of low income as def                                    |  |
| in section 50079.5                     | 5 of the Health and Safety Code or   | r applicable federal, state, or local  | financial assistance agreements and the r                                    |  |
|  |  |  | de or appli <mark>cable federa</mark> l, st <mark>at</mark> e, or local fina |  |
|  |  |  | and rents do not exceed those limits is attac                                |  |
| The exemption ca                       | nnot be allowed without the income   |  |  |  |
| 7. That the property                   | is owned and operated by an  | owner operator   | owner/operator   |  |
| [ ] a federally re                     | cognized tribe (documentation requ   | uired for first time filers)   |  |  |
|  | gnated housing entity (documentati<br>enefit of any private shareholder.                     | ion required for first time filers) whi                                      | ch is nonprofit and no part of those net earni                               |  |
| 8. That there is a de                  |  |  | ing that at least 30% of the housing units                                   |  |
|  |  |  | ds, is also required to be filed with the Asses                              |  |
|  |  |  | ose tribes or tribally designated housing ent                                |  |
|  | xemption of Low-Income Tr <mark>ib</mark> al Hou   |  |  |  |
|  |  | Whom should  | d we contact during normal business  |  |
| FUR                                    | RASSESSOR'S USE ONLY   |  | s for additional information?  |  |
| Dessived by                            |  |  |  |  |
| Received by                            | (Assessor's designee)  | NAME   | -  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| of                                     | (county or city)   | ADDRESS (street, city, state, z  | ip code)   |  |
|  | (county or city)   | ADDRESS (street, city, state, z  | ip code)   |  |
|  |  | ADDRESS (street, city, state, z  | ip code)   |  |
| of                                     |  |  |  |  |
| of                                     |  | ADDRESS (street, city, state, z  | EMAIL ADDRESS  |  |
| of                                     |  |  |  |  |
| of                                     |  |  |  |  |
| of<br>on<br><br>I certify (or declare  | <sup>(date)</sup><br>e) under penalty of perjury under th                                    | DAYTIME PHONE NUMBER ( ) CERTIFICATION he laws of the State of California ti | EMAIL ADDRESS  |  |
| of<br>on<br><br>I certify (or declare  | <sup>(date)</sup><br>e) under penalty of perjury under th<br>ccompanying statements or docun | DAYTIME PHONE NUMBER ( ) CERTIFICATION he laws of the State of California ti | EMAIL ADDRESS  |  |

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

