		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 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 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 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 on I certify (or declare	^(date) e) under penalty of perjury under th	DAYTIME PHONE NUMBER () CERTIFICATION he laws of the State of California ti	EMAIL ADDRESS	
of on I certify (or declare	^(date) e) under penalty of perjury under th 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.

