EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of ____



Deanna L. Bradford County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

(name of person making claim)	,
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity) of the property described
1. That as	
	(officer)
2. of the	
	(name of tribe or tribally designated housing entity)
 the mailing address of which is the location of the property for wh<mark>ich exemption</mark> 	(give complete mailing address)
give a	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 Coc charged do not exceed the limits provided in sec	al housing and related facilities for tenants who are persons of low income as define or applicable federal, state, or local financial assistance agreements and the re- on 50053 of the Health and Safety Code or applicable federal, state, or local finan at affirming that the tenants' incomes and rents do not exceed those limits is attach ome affidavit.
7. That the property is owned and operated by an	owner operator owner/operator
[] a federally recognized tribe (documentation	equired for first time filers)
[] a tribally designated housing entity (docume inure to the benefit of any private sharehold	tation required for first time filers) which is nonprofit and no part of those net earni r.
 That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying 	ther legally binding document requiring that at least 30% of the housing units w-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Asses e Revenue and Taxation Code for those tribes or tribally designated housing enti Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by(Assessor's designee)	NAME
of (county or city)	ADDRESS (street, city, state, zip code)
on	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	r 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.
	TITLE DATE

