EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

State of California, County of	_
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
	(officer)
2. of the	
(name of tri	ne or tribally designated housing entity)
3. the mailing address of which is	ve complete mailing address)
4. the location of the property for which exemption is claimed is	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 applica charged do not exceed the limits provided in section 50053 or	and related facilities for tenants who are persons of low income as defined one federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached. it.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	first time filers)
 a tribally designated housing entity (documentation requi inure to the benefit of any private shareholder. 	red for <mark>first t</mark> ime fi <mark>le</mark> rs) which is nonprofit and <mark>no</mark> part of those net earnings
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income	binding document requiring that at least 30% of the housing units are tenants.
	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	hours for additional information?
(Assessed a designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
On(date)	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CEF	RTIFICATION
	of 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