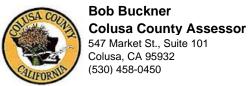
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



State of California, County of	(530) 458-0450
, ,	
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described ally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	ibe or tribally designated housing entity)
3 the mailing address of which is	7IP
(9	ive complete mailing address)
4. the location of the property for which exemption is claimed is	
	ZIP
(give complete address)	
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above
	and related facilities for tenants who are persons of low income as defined
charged do not exceed the limits provided in section 50053 or	ble federal, state, or local financial assistance agreements and the rents f the Health and Safety Code or applicable federal, state, or local financia that the tenants' incomes and rents do not exceed those limits is attached vit.
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 first time filers) which is nonprofit and no 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	\prime 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 hours for additional information?
	nours for additional information?
Received by(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	ADDRESS (Street, City, State, 21p code)
on	
(date)	DIVITING DUOVE WHATED
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	RTIFICATION
I certify (or declare) under penalty of perjury under the laws of	of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents, is	true, correct and complete to the best of my knowledge and belief.

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

