EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Bob Buckner Colusa County Assessor

547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

State of California, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(nai	e of tribe or tribally designated housing entity)
3. the mailing address of which is	ZIP
4. the location of the property for which exemption is claim	ed is
	ZIP
(give complete ac	<u>'</u>
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 ap charged do not exceed the limits provided in section 500	ing and related facilities for tenants who are persons of low income as defined plicable federal, state, or local financial assistance agreements and the rents 53 of the Health and Safety Code or applicable federal, state, or local financial hing that the tenants' incomes and rents do not exceed those limits is attached. fidavit.
7. That the property is owned and operated by an ow	ner operator owner/operator
[] a federally recognized tribe (documentation require	d for first time filers)
[] a tribally designated housing entity (documentation inure to the benefit of any private shareholder.	required for first time filers) which is nonprofit and no part of those net earnings
8. That there is a deed restriction, agreement, or other le occupied by or held for occupancy by qualifying low-inc	gally binding document requiring that at least 30% of the housing units are ome tenants.
	ng — Lower-Income Households, is also required to be filed with the Assessor enue and Taxation Code for those tribes or tribally designated housing entities g.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
	hours for additional information?
Received by	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	aws of the State of California that the foregoing and all information hereon, ts, is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE
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