EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Kristine Lee Kings County Assessor

Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

Si	tate of California, County of	
_	(name of person making claim)	
who is filing this claim as, or on behalf of, the		(tribe or tribally designated housing, owner and/or entity) of the property described
1.	That as	
		(officer)
2.	2. of the	
(name of tribe or tribally designated housing entity)		
3.	the mailing address of which is	(give complete mailing address)
4.	the location of the property for which exemption is cla	aimed is
		ZIP
	(give complete	
5.	That this claim for exemption is made for the 20	20 fiscal year on the leased property described above.
6.	6. That at least 30% of the housing are used for rental housing and related facilities for tenants who are persons of low income as defined in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the rents charged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financia assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attached The exemption cannot be allowed without the income affidavit.	
7.	That the property is owned and operated by an	owner operator owner/operator
	[] a federally recognized tribe (documentation requ	uired for first time filers)
	[] a tribally designated housing entity (documentation in the benefit of any private shareholder.	on 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 occupied by or held for occupancy by qualifying low-in	r legally binding document requiring that at least 30% of the housing units are ncome tenants.
9.		using — Lower-Income Households, is also required to be filed with the Assessor tevenue and Taxation Code for those tribes or tribally designated housing entities using.
	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
		e laws of the State of California that the foregoing and all information hereon,
_		nents, is true, correct and complete to the best of my knowledge and belief.
SI	GNATURE OF PERSON MAKING CLAIM	TITLE DATE

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

