To receive the full exempti	20-1 <b>DW-INCOME TRIBAL HOUSING</b> on, this claim must be filed with the Assessor County of		Richard Ford County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703	
	(name of person making claim)	,		
who is filing this claim herein, states:	as, or on behalf of, the	or tribally designated housing, owner and/or	of the property described	
1. That as				
2 of the		(officer)		
2. 01 the	(name	e of tribe or tribally designated housing entity	)	
3. the mailing address	s of which is	(give complete mailing address)	ZIP	
4. the location of the	property for which exemption is claime	ed is		
	(give complete add	ress)	ZIP	
5. That this claim for e	exemption is made for the 20 2	20 fiscal year on the lea	sed property described above.	
charged do not exc assistance agreem The exemption car	eed the limits provided in section 5005	53 of the Health and Safety Co ing that the tenants' incomes a idavit.	financial assistance agreements and the rent ode or applicable federal, state, or local financia and rents do not exceed those limits is attached owner/operator	
[ ] a federally rec	cognized tribe (documentation required	d for first time filers)	1	
[ ] a tribally desig			ch is nonprofit and no part of those net earning	
8. That there is a dee			ring that at least 30% of the housing units ar	
under the provision		nue and Taxation Code for the	ds, is also required to be filed with the Assessons of the second s	
FOR ASSESSOR'S USE ONLY			d we contact during normal business s for additional information?	
Received by	(Assessor's designee)	NAME		
of	(county or city)	ADDRESS (street, city, state, z)	ADDRESS (street, city, state, zip code)	
on	(date)			
	(uate)	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
		CERTIFICATION	hat the foregoing and all information have a	
including any ac	companying statements or documents	s, is true, correct and complet	hat the foregoing and all information hereon, te to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAK	ING CLAIM	TITLE	DATE	
		1		

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

