## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

(name of person making claim)

State of California, County of



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

| who is filing this claim as, or on behalf of, the  |   | of the property described   |
|--|---|---|
|  |   | owner and/or entity)  |
| 1. That as   |   |   |
|  | (officer)   |   |
| 2. of the  | (name of tribe or tribally designated   | d barraian antita)  |
|  |   |   |
| 3. the mailing address of which is   | (give complete mailing add  | dress) ZIP  |
| 4. the location of the property for which exemption  | is claimed is   |   |
|  |   | 70  |
| (give c  | complete address)   | ZIP   |
| 5. That this claim for exemption is made for the 20  | - 20 fiscal year  | on the leased property described above.   |
| <ol> <li>That at least 30% of the housing are used for ren<br/>in section 50079.5 of the Health and Safety Coo<br/>charged do not exceed the limits provided in section</li> </ol> | tal housing and related facilit<br>le or applicable federal, state<br>tion 50053 of the Health and<br>ant affirming that the tenants' | ties for tenants who are persons of low income as define<br>e, or local financial assistance agreements and the rent<br>Safety Code or applicable federal, state, or local financia<br>incomes and rents do not exceed those limits is attached |
| 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 (docume inure to the benefit of any private sharehold   |   | filers) which is nonprofit and no part of those net earning   |
| 8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying   |   | ent requiring that at least 30% of the housing units are  |
|  | the Revenue and Taxation Co   | Households, is also required to be filed with the Assesson<br>ode for those tribes or tribally designated housing entitie   |
| FOR ASSESSOR'S USE ONLY  | Who   | om should we contact during normal business   |
|  |   | hours for additional information?   |
| Received by(Assessor's designee)   | NAME  |   |
|  |   |   |
| of(county or city)   | ADDRESS (stree  | et, city, state, zip code)  |
| on   |   |   |
| ON(date)   |   |   |
|  |   | E NUMBER EMAIL ADDRESS  |
|  |   |   |
| I certify (or declare) under penalty of perjury und  |   | alifornia that the foregoing and all information hereon,  |
|  |   | d complete to the best of my knowledge and belief.  |
| SIGNATURE OF PERSON MAKING CLAIM   | TITLE   | DATE  |
| THIS EXEMPTION CLAIM IS A  | PUBLIC RECORD AND IS S  |   |
|  |   |   |

