## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

Katrina Bartolomie **MENDOCINO COUNTY ASSESSOR** To receive the full exemption, this claim must be filed with the Assessor by February 15.

501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

5. That this claim for exemption is made for the 20 20 fiscal year on the leased property described above.  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 defir in section 50079.5 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements and the recharged do not exceed the limits provided in section 50053 of the Health and Safety Code or applicable federal, state, or local financial assistance agreements. An affidavit by the claimant affirming that the tenants' incomes and rents do not exceed those limits is attach. 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 required for first time filers)  [ ] a tribally designated housing entity (documentation required for first time filers) which is nonprofit and no part of those net earning in ure to the benefit of any private shareholder.	State of California, County of	
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herein, states:  (Pible or triblally designated housing, comer and/or entity)  1. That as  (officer)  2. of the		
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5. That this claim for exemption is made for the 20		give complete mailing address)
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Received by	under the provisions of sections 251 and 254 of the Revenue	
Received by	FOR ASSESSOR'S USE ONLY	•
Of		nours for additional information:
On	Received by	NAME
On	of	ADDDESS (street sits state via ande)
(date)  DAYTIME PHONE NUMBER  EMAIL ADDRESS	(county or city)	ADDINESS (Sireet, City, State, 21) code/
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THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

**CERTIFICATION** I certify (or declare) under penalty of perjury under the laws 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.



SIGNATURE OF PERSON MAKING CLAIM