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

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



## Kristen DePaul Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

| State of California, County of  | _   |
|---|---|
|   |   |
| (name of person making claim)   | ,   |
| who is filing this claim as, or on behalf of, the   | ally designated housing, owner and/or entity) of the property described   |
| 1. That as  |   |
|   | (officer)   |
| 2. of the   |   |
| (name of tri  | be or tribally designated housing entity)   |
| 3. the mailing address of which is  | ive complete mailing address)   |
| ·   | , , ,   |
| 4. the location of the property for which exemption is claimed is   |   |
|   | ZIP   |
| (give complete address)   |   |
| 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 applical charged do not exceed the limits provided in section 50053 of  | and related facilities for tenants who are persons of low income as defined ble federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financial that the tenants' incomes and rents do not exceed those limits is attached wit. |
| 7. That the property is owned and operated by an owner  | operator owner/operator   |
| a federally recognized tribe (documentation required for  | first time filers)  |
|   | red for first time filers) which is nonprofit and no part of those net earnings   |
| 8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income | $^\prime$ binding document requiring that at least 30% of the housing units are tenants.  |
|   | Lower-Income Households, is also required to be filed with the Assessor and Taxation Code for those tribes or tribally designated housing entities  |
| FOR ASSESSOR'S USE ONLY   | Whom should we contact during normal business   |
| TON ACCESSION O COL ONE!  | hours for additional information?   |
| Received by(Assessor's designee)  | NAME  |
|   |   |
| of(county or city)  | ADDRESS (street, city, state, zip code)   |
| (SSIII) S. SIJ)   |   |
| On(date)  |   |
| (uate)  | DAYTIME PHONE NUMBER EMAIL ADDRESS  |
|   | ( )   |
|   |   |
| CEF   | RTIFICATION   |
|   | of the State of California that the foregoing and all information hereon, true, correct and 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 SUBJECT TO PUBLIC INSPECTION.

