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

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



## Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858

State of California, County of	assessor@nevadacountyca.gov
(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	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 applica 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 f 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. vit.
7. That the property is owned and operated by an owner	operator owner/operator
[ ] a federally recognized tribe (documentation required for	first time filers)
<ul> <li>a tribally designated housing entity (documentation requi inure to the benefit of any private shareholder.</li> </ul>	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	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 hours for additional information?
Received by(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	( )
CEF	RTIFICATION
I certify (or declare) under penalty of perjury under the laws 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.

