## **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 assessor@nevadacountyca or

State of California, County of	assessor@nevadacountyca.gov
(name of person making claim) who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	(name of tribe or tribally designated housing entity)
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption	is claimed is
(give c	omplete 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 Coccharged do not exceed the limits provided in section.	tal housing and related facilities for tenants who are persons of low income as defined le or applicable federal, state, or local financial assistance agreements and the rents ion 50053 of the Health and Safety Code or applicable federal, state, or local financial ant affirming that the tenants' incomes and rents do not exceed those limits is attached. come 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 (docume inure to the benefit of any private sharehold	ntation required for first time filers) which is nonprofit and no part of those net earnings er.
8. That there is a deed restriction, agreement, or occupied by or held for occupancy by qualifying	other legally binding document requiring that at least $30\%$ of the housing units are low-income tenants.
	Housing — Lower-Income Households, is also required to be filed with the Assessor he Revenue and Taxation Code for those tribes or tribally designated housing entities Housing.
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?
Received by(Assessor's designee)	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on(date)	
(Gac)	DAYTIME PHONE NUMBER EMAIL ADDRESS  ( )
	CERTIFICATION
	er the laws of the State of California that the foregoing and all information hereon,
	ocuments, is 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.

