EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Tara K. Freitas County Assessor/Clerk-Recorder

221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

State of California, County of	_
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described of the property described
1. That as	
	(officer)
2. of the	e or tribally designated housing entity)
3. the mailing address of which is	re complete mailing address)
4. the location of the property for which exemption is claimed is	
(give complete address)	ZIP
	fined year on the leased warrants described above
5. That this claim for exemption is made for the 20 20	
in section 50079.5 of the Health and Safety Code or applicable charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined le federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financial nat the tenants' incomes and rents do not exceed those limits is attached. t.
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 inure to the benefit of any private shareholder.	ed 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 to	binding document requiring that at least 30% of the housing units are enants.
	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
I OKAGOZOGIKO GOZ GINZI	hours for additional information?
Received by(Assessor's designee)	
(Assessor's designee)	NAME
of	ADDRESS (street, city, state, zip code)
(county or city)	
on(date)	
(vate)	DAYTIME PHONE NUMBER EMAIL ADDRESS
CER	TIFICATION
	f the State of California that the foregoing and all information hereon,
including any accompanying statements or documents, is	rue, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE