EXEMPTION OF LOW-INCOME TRIBAL HOUSING

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



Matthew R. Maynard **Placer County Assessor**

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

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
herein, states:	,
1. That as	
	(officer)
2. of the	f tribe or tribally designated housing entity)
	ZIP
3. the mailing address of which is	(give complete mailing address)
4. the location of the property for which exemption is claimed	is
	710
(give complete addres	ss) ZIP
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 applic charged do not exceed the limits provided in section 50053	g and related facilities for tenants who are persons of low income as defined cable federal, state, or local financial assistance agreements and the rents of the Health and Safety Code or applicable federal, state, or local financia g that the tenants' incomes and rents do not exceed those limits is attached avit.
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	or first time filers)
 a tribally designated housing entity (documentation req inure to the benefit of any private shareholder. 	uired for first time filers) which is nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incom- 	lly binding document requiring that at least 30% of the housing units are e tenants.
	 Lower-Income Households, is also required to be filed with the Assesso ue and Taxation Code for those tribes or tribally designated housing entities
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business
TOTAL CONTROL	hours for additional information?
Received by	
(Addition of designed)	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
(county of city)	
on	_
()	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
CI	ERTIFICATION
I certify (or declare) under penalty of perjury under the laws	s of the State of California that the foregoing and all information hereon,
	is true, correct and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	TITLE DATE

