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	<u></u>
(name of person making claim)	
who is filing this claim as, or on behalf of, the	of the property described
herein, states: (tribe o	or tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	of tribe a stailed to design and the union and it.
	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 claime	d is
	ZIP
(give complete addr	
5. That this claim for exemption is made for the 20 2	0 fiscal year on the leased property described above.
in section 50079.5 of the Health and Safety Code or applicharged do not exceed the limits provided in section 5005.	ng and related facilities for tenants who are persons of low income as defined licable federal, state, or local financial assistance agreements and the rents 3 of the Health and Safety Code or applicable federal, state, or local financial ng that the tenants' incomes and rents do not exceed those limits is attached. davit.
7. That the property is owned and operated by an owne	er operator owner/operator
[] a federally recognized tribe (documentation required	for first time filers)
 a tribally designated housing entity (documentation re inure to the benefit of any private shareholder. 	equired for first time filers) which is nonprofit and no part of those net earnings
That there is a deed restriction, agreement, or other leg occupied by or held for occupancy by qualifying low-incor	ally binding document requiring that at least 30% of the housing units are me tenants.
	g — Lower-Income Households, is also required to be filed with the Assessor nue 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	NAME
Of(county or city)	ADDRESS (street, city, state, zip code)
on	_
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	()
	CERTIFICATION
	ws of the State of California that the foregoing and all information hereon,
including any accompanying statements or documents SIGNATURE OF PERSON MAKING CLAIM	s, is true, correct and complete to the best of my knowledge and belief.
DIGINALURE OF PERSON MANING CLAIM	DATE

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

