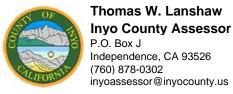
EXEMPTION OF LOW-INCOME TRIBAL HOUSING



State of California, County of	inyoassessor@inyocounty.us
State of Camornia, County of	
(name of person making claim)	,
who is filing this claim as, or on behalf of, the	of the property described tribally designated housing, owner and/or entity)
1. That as	
	(officer)
2. of the	
(name o	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	
	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
	g and related facilities for tenants who are persons of low income as defined
in section 50079.5 of the Health and Safety Code or applic charged do not exceed the limits provided in section 50053	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
7. That the property is owned and operated by an owner	operator owner/operator
[] a federally recognized tribe (documentation required for	for 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 earnings
8. That there is a deed restriction, agreement, or other lega occupied by or held for occupancy by qualifying low-incompared by the compared b	ally 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 Assessor ue 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?
	nours for additional information?
Received by	NAME
of(county or city)	ADDRESS (street, city, state, zip code)
on	_ -
(date)	DAYTIME PHONE NUMBER EMAIL ADDRESS
	DAYTIME PHONE NUMBER EMAIL ADDRESS
	EDITION CONTRACTOR
	ERTIFICATION 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

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

